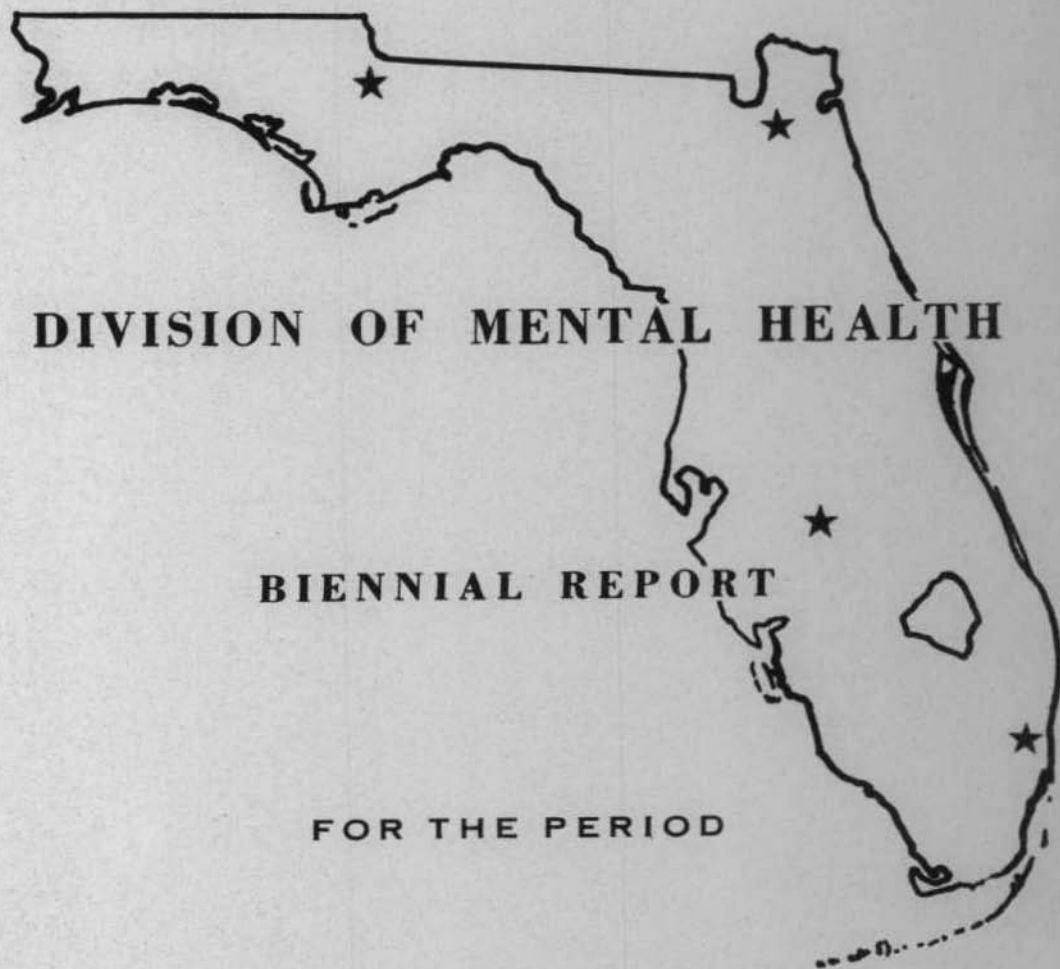


STATE OF FLORIDA



DIVISION OF MENTAL HEALTH

BIENNIAL REPORT

FOR THE PERIOD

JULY 1, 1962 THROUGH JUNE 30, 1964

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**REPORT OF THE DIRECTOR
DIVISION OF MENTAL HEALTH**

Covering Activities of

**FLORIDA STATE HOSPITAL
CHATTAHOOCHEE**

**G. PIERCE WOOD MEMORIAL HOSPITAL
ARCADIA**

**SOUTH FLORIDA STATE HOSPITAL
HOLLYWOOD**

**NORTHEAST FLORIDA STATE HOSPITAL
MACCLENNY**

For the period

July 1, 1962 through June 30, 1964



GOVERNING BODY

BOARD OF COMMISSIONERS OF STATE INSTITUTIONS

TALLAHASSEE, FLORIDA

Farris Bryant *Governor*

Tom Adams *Secretary of State*

Ray E. Green *Comptroller*

Richard W. Ervin*

James W. Kynes *Attorney General*

Doyle Conner *Commissioner of Agriculture*

J. Edwin Larson *Treasurer*

Thomas D. Bailey *State Superintendent of Public Instruction*

Mrs. Lula L. Mullikin *Secretary to the Board*

W. D. Rogers, M.D. *Director*

L. A. Lawrence *Business Manager*

DIVISION OF MENTAL HEALTH

Chattahoochee, Florida

* Appointed Justice of Supreme Court



TRANSMITTAL

Board of Commissioners
of State Institutions
The Capitol
Tallahassee, Florida

Gentlemen:

The Biennial Report of the Division of Mental Health for the period July 1, 1962, through June 30, 1964, is transmitted herewith. This report covers the treatment program, statistical data, management and other activities of the four state mental hospitals operating within this Division.

Appreciation is expressed to the Board of Commissioners of State Institutions and the Legislature for their interest, cooperation and assistance toward continued improvement of the mental health program of our State.

Respectfully submitted,

W. D. Rogers, M.D.
Director

THE DIVISION OF MENTAL HEALTH

The Division of Mental Health was authorized by the 1957 Legislature and activated July 1, 1957. It has the responsibility for general supervision of the State Hospitals for the care and treatment of the mentally ill. There are four hospitals operating under the Division of Mental Health, as follows:

	Date Activated
The Florida State Hospital at Chattahoochee	1876
The G. Pierce Wood Memorial Hospital at Arcadia	1947
The South Florida State Hospital at Hollywood	1957
The Northeast Florida State Hospital at Macclenny	1959

There has been no basic change during the current biennium in the laws governing the admission to the State Hospitals. Patients are admitted on commitment by the County Courts, the Circuit Courts and the Courts of Record. They are also admitted on Orders of Certification by the County Courts, by Voluntary admission and by return from trial visit.

The largest group of admissions by type continues to be by County Court commitment. The number of admissions by Order of Certification increased from 606 for the past biennium to 679 for the current biennium. The certification procedure was authorized by the 1959 Legislature and provides for temporary hospitalization, not to exceed six months. If hospitalization longer than six months is needed, regular commitment by the County Court is required. No person who is senile, addicted to the use of drugs, mentally retarded, addicted to the use of alcohol, convulsively disordered, a nonresident, or subject to pending criminal charges may be certified to a State Hospital.

Voluntary admissions have increased from 243 for the past biennium to 338 for the current biennium. It is desirable that applicants for admission under this procedure first be evaluated by a local physician or psychiatrist, and then, if treatment is not available locally, the physician should refer the patient to the hospital after arranging for an appointment for interview of the patient at the hospital.

The majority of patients leaving the hospitals are released on trial visit. This method contemplates the release of a patient under supervision of a responsible relative who assumes care of the patient in the home during a trial period of readjustment outside the hospital. After the expiration of one year on a trial visit status, patient is discharged from the hospital. Patients are released direct from the hospital by competency discharge, when in the opinion of the hospital medical staff, the patient has regained competency and no longer requires hospitalization or supervision. Under this type of discharge, the hospital sends a Competency Certificate to the committing Court and civil rights are automatically restored, unless the State Attorney files an objection within 20 days. Other types of releases include discharges

of nonresidents for purpose of transfer to their respective states of residence and discharges to Veterans Administration Hospitals, when acceptable and authorized. Patients may also be transferred to other hospitals within the Division of Mental Health and to institutions under the Division of Sunland Training Centers.

The number of admissions and readmissions to the four hospitals continued to increase for the biennium under report. However, separations also continued to increase, resulting in a net increase of only 180 patients for the two years period. The increases in admissions, separations and resident patient population of all of the hospitals in the past five bienniums are shown as follows:

Biennium	Admissions and Readmissions	Separations	Resident Population End of Biennium	Increase in Resident Patients
1954-56	5,306	4,955	8,069	351
1956-58	6,892	6,112	8,849	780
1958-60	8,881	8,270	9,460	611
1960-62	11,268	10,922	9,806	346
1962-64	12,473	12,293	9,986	180

Each hospital has placed increasing emphasis on the rehabilitation and return of patients to their home or community. The use of tranquilizing drugs coupled with new techniques and programs have been very effective in reducing the length of hospitalization. An increasing number of long-term patients is returning to the community and the average length of hospitalization is being steadily reduced. In the past biennium, 3,933 patients or nearly one-third of total separations were hospitalized for a period of less than three months.

The increasing demand for admission of persons in the advanced age group continues to be a problem to our hospitals. The number of resident patients, aged 65 years and over, on June 30, 1964, represented 27.6% of the total patient population as compared to 26.1% on June 30, 1962, and 18.1% on June 30, 1954. This represents an actual increase of 1,357 patients in this age group in the past ten years as compared to an increase of 911 resident patients less than 65 years of age for the same period. During the biennium a pilot program was started by the State Welfare Department for the placement of eligible patients of the advanced age group in approved Foster Homes. It is believed that expansion of this program will give some relief in this area.

The rate of release of patients in the advanced age group is of course much less than in the younger age group. The mental and physical disorders of elderly patients are generally of longer duration and less subject to improvement. Many are unable to work at a gainful occupation and job op-

portunities for others are quite limited because of their age and work capabilities. Also, it is very difficult in many cases to find interested relatives who will assume the responsibility of caring for the patient in the home.

As in past bienniums, the admissions and readmissions with primary diagnosis of Schizophrenia continued to represent the largest admission group with 42.6% of the total. The next largest group was that of Cerebral Arteriosclerosis with 12.4% of the total. There were 297 admissions with diagnosis of Mental Deficiency. Complete and detailed data on admissions are included in the individual hospital reports.

MOVEMENT OF PATIENT POPULATION BY HOSPITALS
July 1, 1962, through June 30, 1964

DIVISION OF MENTAL HEALTH

	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital
ADMISSIONS:					
New Commitments.....	8,019	2,668	1,361	1,886	2,104
Certifications.....	679	124	154	276	125
Voluntary Admissions.....	338	207	28	91	12
Transfers from Other Division Hospitals..	24	18			6
Returned from Trial Visit.....	2,855	1,037	493	422	903
Returned from Escape.....	347	70	15	50	212
Other Admissions.....	211	42	7	149	13
TOTAL ADMISSIONS.....	12,473	4,166	2,058	2,874	3,375
Less Inter-Division Transfers.....	24				
NET ADMISSIONS.....	12,449				
SEPARATIONS:					
Released on Trial Visit.....	6,606	2,331	1,169	986	2,120
Discharges.....	3,132	947	468	1,233	484
Transfers to Other Division Hospitals....	24	6	3	3	12
Escaped.....	559	128	23	72	336
Deceased.....	1,766	896	353	306	211
Other Separations.....	206	35	1	163	7
TOTAL SEPARATIONS.....	12,293	4,343	2,017	2,763	3,170
Less Inter-Division Transfers.....	24				
NET SEPARATIONS.....	12,269				
Net Increase or —Decrease in Population	—180	—177	41	111	205
POPULATION BEGINNING OF PERIOD.....	9,806	6,106	1,805	1,302	593
POPULATION END OF PERIOD.....	9,986	5,929	1,846	1,413	798

DIVISION OF MENTAL HEALTH — ALL HOSPITALS
SUMMARY OF PATIENT STATISTICS BY BIENNIUM FOR
PERIODS AS INDICATED

Biennium	Population July 1	Admissions	Separations	Net Increase for Biennium	Population June 30
1952-54	7,161	4,182	3,625	557	7,718
1954-56	7,718	5,306	4,955	351	8,069
1956-58	8,069	6,892	6,112	780	8,849
1958-60	8,849	8,884	8,273	611	9,460
1960-62	9,460	11,268	10,922	346	9,806
1962-64	9,806	12,473	12,293	180	9,986
Percent of Increase 1962-64 over 1952-54		198%	239%		

AS OF JUNE 30, 1964, THE DIVISION OF MENTAL HEALTH
SHOWED THE FOLLOWING FIGURES

Institutions	Patients Present	Employees Authorized	Buildings & Structures	Land Acreage
Florida State Hospital—Chattahoochee...	5,929	2,269	195	515
G. Pierce Wood Memorial Hospital— Arcadia	1,846	900	110	2,170
South Florida State Hospital—Hollywood	1,413	787	52	283
Northeast Florida State Hospital— Macclenny	798	700	41	306
TOTALS	9,986	4,656	398	3,274

OPERATING EXPENSES

Expended By	TOTAL	First Year of Biennium	Second Year of Biennium
Florida State Hospital—Chattahoochee	\$17,774,105	\$8,575,836	\$9,198,269
G. Pierce Wood Memorial Hospital—Arcadia	6,843,660	3,229,661	3,613,999
South Florida State Hospital—Hollywood	6,643,013	3,177,192	3,465,821
Northeast Florida State Hospital—Macclenny	4,490,369	2,111,594	2,378,775
Office of Director—Chattahoochee	149,319	69,293	80,026
TOTALS	\$35,900,466	\$17,163,576	\$18,736,890

PER PATIENT PER DAY COSTS

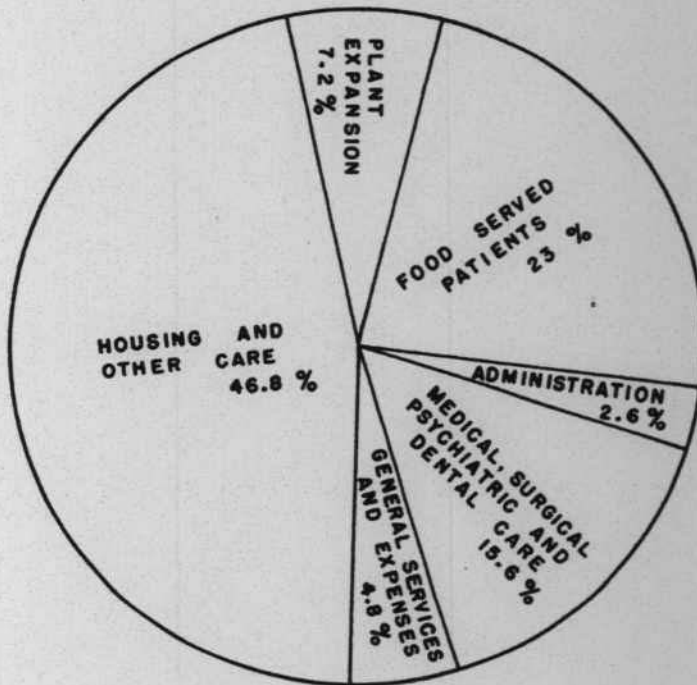
Expended By	Average for Biennium	First Year of Biennium	Second Year of Biennium
Florida State Hospital—Chattahoochee	\$ 4.064	\$ 3.904	\$ 4.225
G. Pierce Wood Memorial Hospital—Arcadia	5.074	4.835	5.308
South Florida State Hospital—Hollywood	6.653	6.491	6.800
Northeast Florida State Hospital—Macclenny	8.887	9.154	8.663
Office of Director—Chattahoochee	.021	.019	.023
Average for Division	\$ 4.968	\$ 4.788	\$ 5.352

TOTAL EXPENSES AND CAPITAL OUTLAY

FISCAL YEAR ENDED JUNE 30, 1963

Portion of Each Dollar Went

for



EXPENSES AND CAPITAL OUTLAY OF:

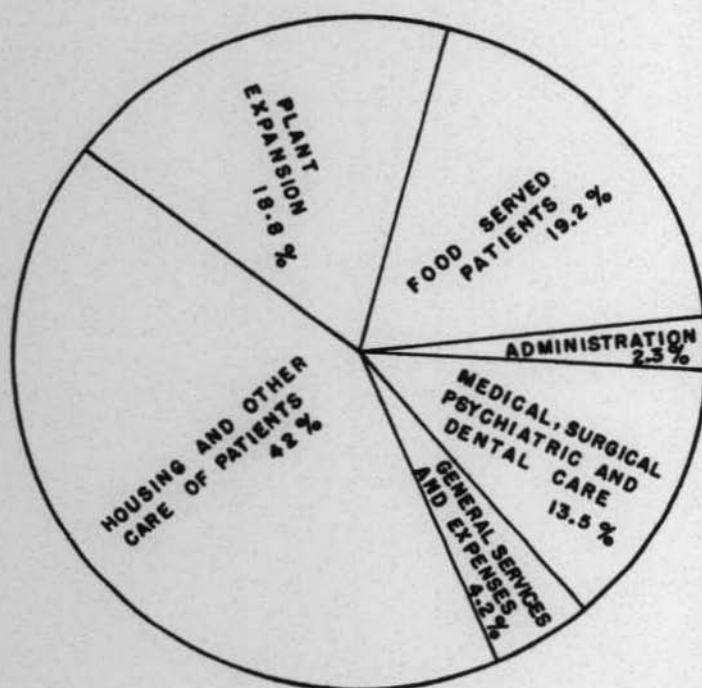
Florida State Hospital	\$ 9,522,018
G. Pierce Wood Memorial Hospital	3,435,231
South Florida State Hospital	3,223,661
Northeast Florida State Hospital	2,248,471
Administrative—Office of Director	71,085
TOTAL	\$18,500,466

TOTAL EXPENSES AND CAPITAL OUTLAY

FISCAL YEAR ENDED JUNE 30, 1964

Portion of Each Dollar Went

for



EXPENSES AND CAPITAL OUTLAY OF:

Florida State Hospital	\$10,445,618
G. Pierce Wood Memorial Hospital	4,188,439
South Florida State Hospital	3,599,938
Northeast Florida State Hospital	4,762,344
Administrative—Office of Director	84,942
TOTAL	\$23,081,281

STATEMENT OF CONDITION AS OF JUNE 30, 1964

RESOURCES	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Office of Director
CURRENT FUND						
Cash and Bank.....	\$ 187,559	\$ 90,929	\$ 34,223	\$ 49,150	\$ 13,257	\$.....
State Treasurer.....	2,238	598		1,640		
Unexpended Appropriations.....	883,200	297,502	254,713	83,655	225,430	21,900
Accounts Receivable.....	248,400	86,552	112,668	33,694	15,486	
Inventories of Supplies.....	1,622,517	943,117	255,536	266,162	157,702	
Ward Inventories in Use.....	474,608	296,254	89,627	51,483	37,244	
Deferred Charges.....	25,512	13,280	3,541	4,506	4,085	100
Deposit on Containers.....	96		96			
TOTAL CURRENT FUND.....	\$ 3,444,130	\$ 1,728,232	\$ 750,404	\$ 490,290	\$ 453,204	\$ 22,000
PLANT FUND						
State Treasurer.....	\$ 24,383	\$ 17,383	\$ 7,000	\$.....	\$.....	\$.....
Unexpended Appropriations.....	7,123,166	3,342,624	1,548,750	1,751,007	477,046	3,739
Projects in Progress.....	4,357,790	1,058,684	791,114	51,580	2,456,412	
Investment in Plant Facilities.....	46,254,939	19,535,717	6,484,766	10,430,113	9,781,960	22,383
Accounts Receivable.....	96,000		96,000			
TOTAL PLANT FUND.....	\$ 57,856,278	\$ 23,954,408	\$ 8,927,630	\$ 12,232,700	\$ 12,715,418	\$ 26,122
CUSTODIAL FUNDS.....	\$ 592,429	\$ 339,847	\$ 107,560	\$ 118,438	\$ 26,584	\$.....
AUXILIARY FUNDS.....	\$ 166,363	\$ 95,701	\$ 11,570	\$ 30,129	\$ 28,963	\$.....
TOTAL RESOURCES.....	\$ 62,059,200	\$ 26,118,188	\$ 9,797,164	\$ 12,871,557	\$ 13,224,169	\$ 48,122

STATEMENT OF CONDITION AS OF JUNE 30, 1964 (Continued)

LIABILITIES, RESERVES, AND BALANCES	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Office of Director
CURRENT FUND						
Accounts Payable	\$ 69,864	\$ 28,767	\$ 27,374	\$ 5,617	\$ 7,804	\$ 302
Prepaid Pay Patient Fees	17,470	4,286	5,785	5,263	2,136	
Reserve for General Revenue Re- mittals	368,141	172,482	122,033	48,080	25,546	
Appropriation Balances	890,437	303,099	254,713	85,295	225,430	21,900
Reserve for Ward Inventories	474,608	296,254	89,627	51,483	37,244	
Unrestricted Current Balances	1,600,753	923,344	228,015	294,552	155,044	—202
Reserve for Replacement Trust Fund	22,857		22,857			
TOTAL CURRENT FUND	\$ 3,444,130	\$ 1,728,232	\$ 750,404	\$ 490,290	\$ 453,204	\$ 22,000
PLANT FUND						
Accounts Payable	\$ 227,201	\$ 50,070	\$ 5,169		\$ 171,962	
Appropriations and Balances	7,140,549	3,360,007	1,548,750	1,751,007	477,046	3,739
Investment in Plant Fund	50,385,528	20,544,331	7,270,711	10,481,693	12,066,410	22,383
Reserve for Replacement Trust Fund	103,000		103,000			
TOTAL PLANT FUND	\$ 57,856,278	\$ 23,954,408	\$ 8,927,630	\$ 12,232,700	\$ 12,715,418	\$ 26,122
CUSTODIAL FUND	\$ 592,429	\$ 339,847	\$ 107,560	\$ 118,438	\$ 26,584	\$
AUXILIARY FUND	\$ 166,363	\$ 95,701	\$ 11,570	\$ 30,129	\$ 28,963	\$
TOTAL LIABILITIES, RESERVES, AND BALANCES	\$ 62,059,200	\$ 26,118,188	\$ 9,797,164	\$ 12,871,557	\$ 13,224,169	\$ 48,122

SUMMARY OF OPERATIONS FOR THE FISCAL YEAR ENDED JUNE 30, 1963

BALANCE BROUGHT FORWARD JULY 1, 1962	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Office of Director
CURRENT RESOURCES:						
Cash and Bank.....	\$ 94,099	\$ 43,936	\$ 19,942	\$ 24,662	\$ 5,559	\$.....
Accounts Receivable.....	155,269	58,023	60,710	31,337	5,199	.....
State Treasurer.....	20,536	17,980	.....	2,556	.....	.....
Inventories.....	1,529,518	952,318	232,459	222,234	122,507	.....
Deposits on Containers.....	96	.....	96	.....	.....	.....
Unexpended Appropriations.....	6,850,956	2,320,537	1,043,910	120,464	3,354,715	11,330
Deferred Charges.....	10,232	6,042	435	2,959	581	215
TOTAL CURRENT RESOURCES.....	\$ 8,660,706	\$ 3,398,836	\$ 1,357,552	\$ 404,212	\$ 3,488,561	\$ 11,545
LESS: CURRENT LIABILITIES:						
Accounts Payable.....	\$ 86,028	\$ 56,985	\$ 9,925	\$ 642	\$ 17,874	\$ 602
Prepaid Pay Patient Fees.....	16,733	8,188	5,746	2,353	446	.....
Reserve for Sales Tax Remittals.....	412	241	69	65	37	.....
TOTAL CURRENT LIABILITIES.....	\$ 103,173	\$ 65,414	\$ 15,740	\$ 3,060	\$ 18,357	\$ 602
NET CURRENT RESOURCES JULY 1, 1962	\$ 8,557,533	\$ 3,333,422	\$ 1,341,812	\$ 401,152	\$ 3,470,204	\$ 10,943
ADDITIONS:						
APPROPRIATIONS, REVENUES, AND OTHER ADDITIONS						
Appropriations:						
Operating.....	\$ 17,711,696	\$ 8,667,315	\$ 3,373,377	\$ 3,254,554	\$ 2,336,154	\$ 80,296
Refund—Overpayment of Taxes	16,038	4,677	4,808	3,180	3,373	.....
Transfers.....	.....	189,000	—64,000	—5,216	—119,784	.....
Revenues:						
Paying Patients Income.....	1,169,619	513,709	270,481	302,508	82,921	.....
Interest Income.....	15,153	7,891	3,937	3,194	131	.....
Discounts.....	15,119	5,406	4,155	3,131	2,427	.....
Miscellaneous Income.....	14,428	9,644	1,983	377	2,424	.....
Transfers between Hospitals.....	.....	—14	84	.....	—70	.....
Donations:						
Government Surplus Commodi- ties.....	143,232	115,565	10,438	11,142	6,087	.....
Other Donations.....	12,769	8,885	889	2,747	248	.....

SUMMARY OF OPERATIONS FOR THE FISCAL YEAR ENDED JUNE 30, 1963 (Continued)

BALANCE BROUGHT FORWARD JULY 1, 1962	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Office of Director
Auxiliary Fund:						
Canteen Fund.....	\$ 40,910	\$ 18,427	\$ 5,945	\$ 10,782	\$ 5,756	\$
Grants and Donations Fund.....	9,487	.....	.....	9,487	.....	.....
Services to Employees.....	36,742	36,501	241	.....	.....	.....
Pay Patients Income—Prior Years.....	69,836	28,903	11,154	29,779	.....	.....
Other Additions.....	53,271	34,532	15,266	2,183	1,273	17
TOTAL ADDITIONS.....	\$ 19,308,300	\$ 9,640,441	\$ 3,638,758	\$ 3,627,848	\$ 2,320,940	\$ 80,313
TOTAL AVAILABLE.....	\$ 27,865,833	\$ 12,973,863	\$ 4,980,570	\$ 4,029,000	\$ 5,791,144	\$ 91,256
EXPENDITURES AND DEDUCTIONS:						
Operating Expenses:						
Dietary Services to Patients.....	\$ 4,251,271	\$ 2,319,630	\$ 742,257	\$ 765,235	\$ 424,149	\$
General Administration.....	485,996	134,146	85,749	115,804	81,004	69,293
Medical, Surgical, Psychiatric, Dental, and Other Professional Care.....	2,887,088	1,235,976	422,463	713,785	514,864	.....
General Services and Expenses.....	890,659	341,161	208,868	186,923	153,707	.....
Housing and Other Care Patients..	8,648,562	4,544,923	1,770,324	1,395,445	937,870	.....
Total Operating Expenses.....	\$ 17,163,576	\$ 8,575,836	\$ 3,229,661	\$ 3,177,192	\$ 2,111,594	\$ 69,293
Plant Expansion.....	1,336,890	946,182	205,570	46,469	136,877	1,792
Remittals to General Revenue.....	1,478,650	720,377	310,366	351,265	96,642	.....
Appropriations Reverted.....	1,350,543	441,003	170,302	129,670	589,230	20,338
Ward Inventory Increase.....	27,177	14,521	1,448	7,995	3,213	.....
Rentals.....	40,183	34,226	—1,918	3,376	4,499	.....
Accounts Receivable Closed.....	2,599	536	2,063	.....	.....	.....
Pay Patients Income Prior Years....	4,074	1,778	.....	2,296	.....	.....
Other Expenditures and Deductions..	21,257	2,114	7,634	72	11,437	.....
TOTAL EXPENDITURES AND DEDUC- TIONS.....	\$ 21,424,949	\$ 10,736,573	\$ 3,925,126	\$ 3,718,335	\$ 2,953,492	\$ 91,423
NET CURRENT RESOURCES, JUNE 30, 1963.....	\$ 6,440,884	\$ 2,237,290	\$ 1,055,444	\$ 310,665	\$ 2,837,652	\$ —167

SUMMARY OF OPERATIONS JULY 1, 1963 — JUNE 30, 1964

BALANCES BROUGHT FORWARD JULY 1, 1963	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Office of Director
CURRENT RESOURCES:						
Cash and Bank.....	\$ 5,301	\$ 1,060	\$ 816	\$ 2,083	\$ 1,342	\$.....
Accounts Receivable.....	215,681	81,845	81,649	42,688	9,499	.....
State Treasurer.....	20,634	17,981	.....	2,653	.....	.....
Inventories.....	1,662,397	925,151	337,444	260,331	139,471	.....
Deposits on Containers.....	96	.....	96	.....	.....	.....
Unexpended Appropriations.....	4,596,509	1,240,345	645,209	14,179	2,696,776	.....
Deferred Charges.....	29,697	12,526	4,290	5,911	6,969	1
TOTAL CURRENT RESOURCES.....	\$ 6,530,315	\$ 2,278,908	\$ 1,069,504	\$ 327,845	\$ 2,854,057	\$ 1
LESS: CURRENT LIABILITIES:						
Accounts Payable.....	\$ 73,856	\$ 36,463	\$ 7,114	\$ 15,246	\$ 14,865	\$ 168
Prepaid Pay Patient Fees.....	15,453	5,137	6,946	1,867	1,503	.....
Reserve for Sales Tax Remittals.....	122	18	.....	67	37	.....
TOTAL CURRENT LIABILITIES.....	\$ 89,431	\$ 41,618	\$ 14,060	\$ 17,180	\$ 16,405	\$ 168
NET CURRENT RESOURCES, JULY 1, 1963.....	\$ 6,440,884	\$ 2,237,290	\$ 1,055,444	\$ 310,665	\$ 2,837,652	\$ —167
ADDITIONS						
APPROPRIATIONS, REVENUES, AND OTHER ADDITIONS						
Appropriations:						
Operating.....	\$ 26,327,845	\$ 12,853,450	\$ 5,337,800	\$ 5,413,080	\$ 2,612,970	\$ 110,545
Refund—Overpayment of Taxes.....	15,575	4,887	5,233	2,436	3,019	.....
Revenues:						
Paying Patients Income.....	1,363,390	560,414	301,808	372,362	128,806	.....
Interest Income.....	17,930	9,475	4,433	3,759	263	.....
Discounts.....	15,124	6,106	2,681	3,108	3,229	.....
Miscellaneous Income.....	9,343	7,085	1,801	330	127	.....
Transfers between Hospitals.....	.....	—80	.....	3	77	.....
Donations:						
Government Surplus Commodi- ties.....	166,238	122,962	17,117	17,140	9,019	.....
Other Donations.....	3,233	95	1,127	1,731	280	.....

SUMMARY OF OPERATIONS — JULY 1, 1963-JUNE 30, 1964 (Continued)

BALANCES BROUGHT FORWARD JULY 1, 1963	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Office of Director
Auxiliary Fund:						
Canteen Fund.....	\$ 42,685	\$ 16,995	\$ 7,294	\$ 8,543	\$ 9,853	\$.....
Grants and Donations Fund.....	4,256			4,256		
Fire Loss Recovery.....	118,857		118,857			
Services to Employees.....	36,303	36,429	—126			
Pay Patients Income—Prior Years.....	128,922	79,542	9,180	40,200		
Other Additions.....	32,058	8,413	7,107	12,883	3,655	
TOTAL ADDITIONS.....	\$ 28,281,759	\$ 13,705,773	\$ 5,814,312	\$ 5,879,831	\$ 2,771,298	\$ 110,545
TOTAL AVAILABLE.....	\$ 34,722,643	\$ 15,943,063	\$ 6,869,756	\$ 6,190,496	\$ 5,608,950	\$ 110,378
EXPENDITURES AND DEDUCTIONS						
Operating Expenses:						
Dietary Services to Patients.....	\$ 4,425,002	\$ 2,344,482	\$ 790,309	\$ 814,105	\$ 476,106	\$.....
General Administration.....	528,519	159,309	96,958	106,188	86,038	80,026
Medical, Surgical, Psychiatric, Dental, and Other Professional Care.....	3,124,437	1,275,934	497,253	761,220	590,030	
General Services and Expenses.....	973,942	364,548	234,862	212,170	162,362	
Housing and Other Care of Patients.....	9,684,990	5,053,996	1,994,617	1,572,138	1,064,239	
Total Operating Expenses.....	\$ 18,736,890	\$ 9,198,269	\$ 3,613,999	\$ 3,465,821	\$ 2,378,775	\$ 80,026
Plant Expansion.....	4,344,391	1,247,349	574,440	134,117	2,383,569	4,916
Remittals to General Revenue.....	1,538,110	725,653	294,321	389,340	128,796	
Appropriations Reverted.....	278	162		14	102	
Ward Inventory Increase.....	16,652	14,460	—6,909	5,973	3,128	
Rentals.....	43,675	37,470	1,464	1,499	3,242	
Accounts Receivable Closed.....	12,160	2,859	9,301			
Pay Patients Income Prior Years.....	19,203	6,797		12,406		
Fire Loss.....	106,046		106,046			
Other Expenditures and Deductions.....	6,701	1,182	2,894	2,392	233	
TOTAL EXPENDITURES AND DEDUCTIONS.....	\$ 24,824,106	\$ 11,234,201	\$ 4,595,556	\$ 4,011,562	\$ 4,897,845	\$ 84,942
NET CURRENT RESOURCES, JUNE 30, 1964.....	\$ 9,898,537	\$ 4,708,862	\$ 2,274,200	\$ 2,178,934	\$ 711,105	\$ 25,436

SUMMARY OF OPERATIONS — JULY 1, 1963-JUNE 30, 1964 (Continued)

RECONCILIATION	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Office of Director
CURRENT RESOURCES:						
Cash and Bank	\$ 187,559	\$ 90,929	\$ 34,223	\$ 49,151	\$ 13,256	\$
Accounts Receivable	344,171	86,552	208,668	33,693	15,258	.....
State Treasurer	26,621	17,981	7,000	1,640	.....	.....
Inventories	1,622,517	943,117	255,536	266,162	157,702	.....
Deposits on Containers	96	.....	96	.....	.....	.....
Unexpended Appropriations	8,006,366	3,640,126	1,803,463	1,834,661	702,477	25,639
Deferred Charges	25,512	13,280	3,541	4,506	4,085	100
TOTAL CURRENT RESOURCES	\$ 10,212,842	\$ 4,791,985	\$ 2,312,527	\$ 2,189,813	\$ 892,778	\$ 25,739
LESS: CURRENT LIABILITIES:						
Accounts Payable	\$ 296,003	\$ 78,562	\$ 32,458	\$ 5,185	\$ 179,495	\$ 303
Prepaid Pay Patient Fees	17,470	4,286	5,785	5,263	2,136	.....
Reserve for Sales Tax Remittals	472	275	84	71	42	.....
Prepaid Rent	360	.....	.....	360	.....	.....
TOTAL CURRENT LIABILITIES	\$ 314,305	\$ 83,123	\$ 38,327	\$ 10,879	\$ 181,673	\$ 303
NET CURRENT RESOURCES, JUNE 30, 1964	\$ 9,898,537	\$ 4,708,862	\$ 2,274,200	\$ 2,178,934	\$ 711,105	\$ 25,436

APPROPRIATIONS — COMBINED STATEMENT
FISCAL YEAR ENDED JUNE 30, 1963

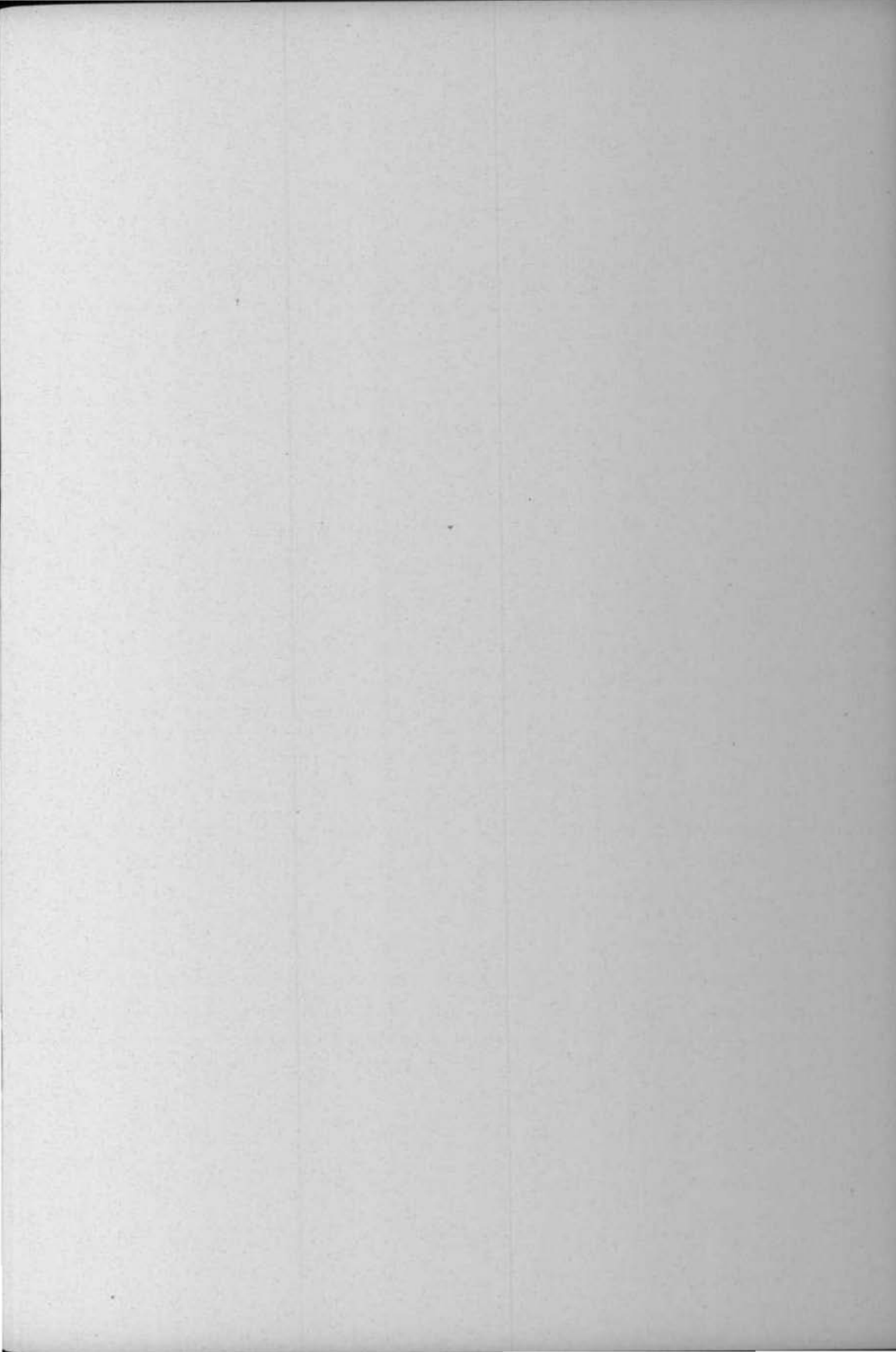
RESOURCES	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Office of Director
SALARIES.....	\$ 12,440,096	\$ 5,891,315	\$ 2,341,377	\$ 2,391,554	\$ 1,755,554	\$ 60,296
EXPENSES.....	2,495,000	1,176,000	526,000	425,000	350,000	18,000
FOOD PRODUCTS.....	2,601,000	1,497,000	464,000	413,000	227,000	.....
OPERATING CAPITAL OUTLAY.....	175,600	103,000	42,000	25,000	3,600	2,000
TOTAL OPERATING APPROPRIATIONS.....	\$ 17,711,696	\$ 8,667,315	\$ 3,373,377	\$ 3,254,554	\$ 2,336,154	\$ 80,296
CAPITAL OUTLAY.....	\$	\$	\$	\$	\$	\$
TOTAL APPROPRIATIONS.....	\$ 17,711,696	\$ 8,667,315	\$ 3,373,377	\$ 3,254,554	\$ 2,336,154	\$ 80,296

APPROPRIATIONS — COMBINED STATEMENT
FISCAL YEAR ENDED JUNE 30, 1964

RESOURCES	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Office of Director
SALARIES.....	\$ 14,329,810	\$ 6,800,450	\$ 2,759,000	\$ 2,710,100	\$ 1,980,100	\$ 80,160
OTHER PERSONAL SERVICES.....	72,300	2,500	12,400	39,950	17,450	.....
EXPENSES.....	2,656,630	1,308,500	528,000	417,000	381,400	21,730
FOOD PRODUCTS.....	2,542,760	1,467,800	460,000	385,060	229,900	.....
OPERATING CAPITAL OUTLAY.....	231,245	110,000	60,000	48,470	4,120	8,655
TOTAL OPERATING APPROPRIATIONS....	\$ 19,832,745	\$ 9,689,250	\$ 3,819,400	\$ 3,600,580	\$ 2,612,970	\$ 110,545
CAPITAL OUTLAY.....	\$ 6,495,100	\$ 3,164,200	\$ 1,518,400	\$ 1,812,500	\$	\$
TOTAL APPROPRIATIONS.....	\$ 26,327,845	\$ 12,853,450	\$ 5,337,800	\$ 5,413,080	\$ 2,612,970	\$ 110,545

SUMMARIZED DISTRIBUTION OF PAYROLLS

	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Office of Director
FOR YEAR ENDED JUNE 30, 1963						
Food Services.....	\$ 1,366,186	\$ 621,311	\$ 232,129	\$ 310,518	\$ 202,228	\$
Administration.....	405,668	114,751	76,801	89,390	69,679	55,047
Medical, Surgical, Psychiatric, Dental, and Other Professional Care	1,899,211	782,399	277,326	513,088	326,398	.....
General Services and Expenses.....	535,998	233,490	89,914	112,237	100,357	.....
Housing and Other Care.....	6,958,020	3,602,462	1,412,842	1,148,500	794,216	.....
Productive, Service and Maintenance Rental Units.....	1,186,342 34,929	579,266 34,929	239,721	228,792	138,563	.....
TOTAL SALARY EXPENSES.....	\$ 12,386,354	\$ 5,968,608	\$ 2,328,733	\$ 2,402,525	\$ 1,631,441	\$ 55,047
Salaries Payable June 30, 1963.....	—400	.....	—242	.....	—158	.....
Salaries disbursed from Grants and Donations.....	—3,397	.....	.....	—3,397	.....	.....
TOTAL SALARY APPROPRIATION EXPENDED.....	\$ 12,382,557	\$ 5,968,608	\$ 2,328,491	\$ 2,399,128	\$ 1,631,283	\$ 55,047
FOR YEAR ENDED JUNE 30, 1964						
Food Services.....	\$ 1,501,230	\$ 687,161	\$ 249,956	\$ 336,886	\$ 227,227	\$
Administration.....	462,130	138,264	89,235	97,832	71,528	65,271
Medical, Surgical, Psychiatric, Dental, and Other Professional Care.....	2,041,201	803,400	335,696	534,294	367,811	.....
General Services and Expenses.....	568,169	248,039	93,437	120,540	106,153	.....
Housing and Other Care.....	7,928,240	4,128,177	1,573,453	1,316,890	909,720	.....
Productive, Service and Maintenance Rental Units.....	1,319,537 36,801	631,153 36,801	294,467	245,394	148,523	.....
TOTAL SALARY EXPENSES.....	\$ 13,857,308	\$ 6,672,995	\$ 2,636,244	\$ 2,651,836	\$ 1,830,962	\$ 65,271
Salaries Payable July 1, 1963.....	2,553	.....	242	2,153	158	.....
Salaries Payable June 30, 1964.....	—5,297	.....	—5,297	.....	.....	.....
TOTAL SALARY APPROPRIATION EXPENDED.....	\$ 13,854,564	\$ 6,672,995	\$ 2,631,189	\$ 2,653,989	\$ 1,831,120	\$ 65,271

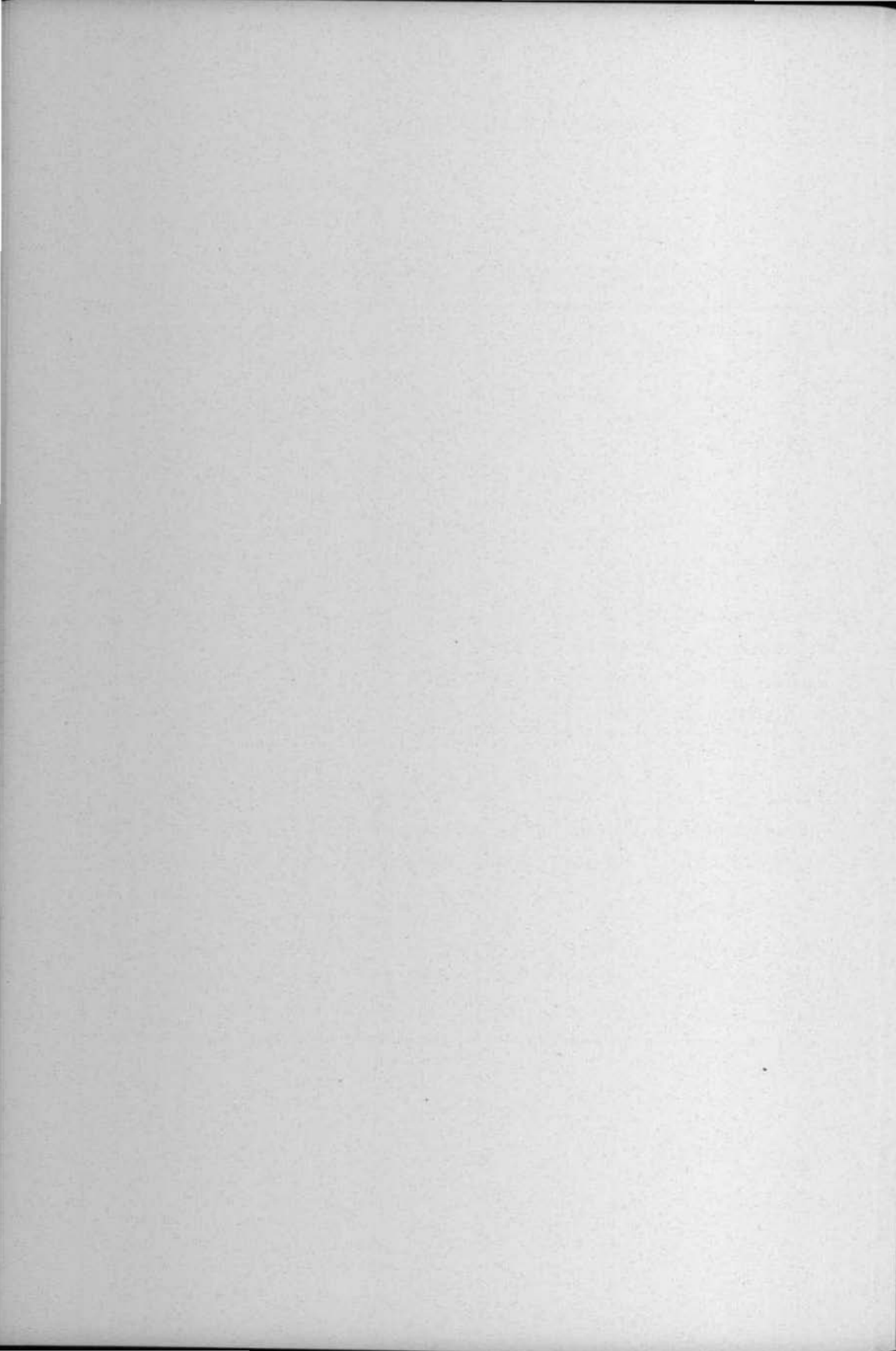


COMPARATIVE MAINTENANCE STATEMENT
FOR YEARS AS INDICATED

	TOTAL		OFFICE OF DIRECTOR
	Total Cost	Per Diem	
FISCAL YEAR ENDED JUNE 30, 1963			
Average Number of Patients.....	9,821		
Dietary Services to Patients.....	\$4,251,271	\$ 11.860	\$.....
Administration.....	485,996	.1356	69,293
Medical, Surgical, Psychiatric, Dental, and Other Professional Care.....	2,887,088	.8054	.....
General Services and Expenses.....	890,659	.2485	.....
Housing and Other Care.....	8,648,562	2.4126	.....
TOTAL OPERATING EXPENSES.....	\$17,163,576	\$ 4.7881	\$ 69,293
FISCAL YEAR ENDED JUNE 30, 1964			
Average Number of Patients.....	9,949		
Dietary Services to Patients.....	\$4,425,002	\$ 1.2638	\$.....
Administration.....	528,519	.1510	80,026
Medical, Surgical, Psychiatric, Dental, and Other Professional Care.....	3,124,437	.8924	.....
General Services and Expenses.....	973,942	.2781	.....
Housing and Other Care.....	9,684,990	2.7662	.....
TOTAL OPERATING EXPENSES.....	\$18,736,890	\$ 5.3515	\$ 80,062

COMPARATIVE MAINTENANCE STATEMENT
FOR YEARS AS INDICATED

FLORIDA STATE HOSPITAL		G. PIERCE WOOD MEMORIAL HOSPITAL		SOUTH FLORIDA STATE HOSPITAL		NORTHEAST FLORIDA STATE HOSPITAL	
Total Cost	Per Diem	Total Cost	Per Diem	Total Cost	Per Diem	Total Cost	Per Diem
6,018		1,830		1,341		632	
\$ 2,319,630	\$1.0560	\$ 742,257	\$1.1111	\$ 765,235	\$1.5635	\$ 424,149	\$1.8387
134,146	.0611	85,749	.1284	115,804	.2366	81,004	.3511
1,235,976	.5627	422,463	.6324	713,785	1.4583	514,864	2.2319
341,161	.1553	208,868	.3127	186,923	.3819	153,707	.6663
4,544,923	2.0692	1,770,324	2.6501	1,395,445	2.8511	937,870	4.0656
\$ 8,575,836	\$3.9043	\$ 3,229,661	\$4.8347	\$ 3,177,192	\$6.4914	\$ 2,111,594	\$9.1536
5,948		1,860		1,391		750	
\$ 2,344,482	\$1.0770	\$ 790,309	\$1.1608	\$ 814,105	\$1.5994	\$ 476,106	\$1.7340
159,309	.0732	96,958	.1424	106,188	.2086	86,038	.3133
1,275,934	.5861	497,253	.7304	761,220	1.4954	590,030	2.1489
364,548	.1674	234,862	.3450	212,170	.4168	162,362	.5913
5,053,996	2.3217	1,994,617	2.9298	1,572,138	3.0885	1,064,239	3.8759
\$ 9,198,269	\$4.2254	\$ 3,613,999	\$5.3084	\$ 3,465,821	\$6.8087	\$ 2,378,775	\$8.6634



FLORIDA STATE HOSPITAL

CHATTAHOOCHEE

J. B. O'Connor, M.D.

Superintendent

DEPARTMENT HEADS AND MEDICAL STAFF

J. B. O'Connor, M.D.	Superintendent
F. D. Palsgraaf*	Administrative Assistant
W. D. Myers	Administrative Assistant
C. A. Rich, M.D.	Clinical Director
W. Blyth, M.D.**	Psychiatrist
E. G. Chacon, M.D.	Psychiatrist
W. J. Char, M.D.**	Psychiatrist
I. T. Clark, M.D.	Psychiatrist
G. J. Dunin-Wilczynski, M.D.	Psychiatrist
I. H. Erdag, M.D.	Psychiatrist
A. Fernandez-Conde, M.D.	Psychiatrist
J. L. Glick, M.D.**	Psychiatrist
J. Gumanis, M.D.	Psychiatrist
I. Hanenson, M.D.	Psychiatrist
A. F. Mussa, M.D.**	Psychiatrist
P. A. Ojeda, M.D.**	Psychiatrist
A. A. Perez, M.D.	Psychiatrist
L. Ravenet, M.D.**	Psychiatrist
M. C. Sexton, M.D.	Psychiatrist
G. M. Stewart, M.D.**	Psychiatrist
E. Arciniegas, M.D.	Physician
J. J. Billini, M.D.**	Physician
A. M. Fernandez, M.D.**	Physician
G. B. Fiore, M.D.	Physician
W. B. Gallagher, Jr., M.D.	Physician
P. A. Machado, M.D.	Physician
D. D. Miles, Jr., M.D.**	Physician
M. P. Perez, M.D.**	Physician
R. E. Pugh, M.D.**	Physician
M. I. Viera, M.D.**	Physician
G. A. Duff, M.D.	Physician-Anesthesiologist
L. M. Perez, M.D.**	Personnel Physician
P. I. McShane, M.D.	Personnel Physician
E. C. Love, Jr., M.D.	Radiologist
J. E. Saul, M.D.	Pathologist
F. U. Duralde, M.D.**	Surgeon
F. G. Gomez-Inganzo, M.D.	Surgeon
F. L. Varela, M.D.**	Surgeon
Luta I. Bowen, R.N.	Anesthetist
P. J. Uhrig, D.D.S.	Chief Dentist
D. Zucchelli, D.D.S.**	Chief Dentist
Richard Plant, D.D.S.**	Assistant Chief Dentist
N. J. Heckert, D.D.S.	Assistant Chief Dentist

T. J. Hicks, Jr.	Pharmacist
Nancy F. Dodge, R.N.**	Director of Nursing
Audrey S. Hudgens, R.N.	Director of Nursing
Joan M. Holloway, R.N.	Assistant Director of Nursing
Barbara J. Toole, R.N.	Director of Nursing Education
J. C. Davis	Director of Psychology
R. O. Pickens	Director of Social Service
Mary C. Harvard	Director of Occupational Therapy
B. J. Dudley	Chief Medical Technologist
Geraldine McAlpin	Chief X-Ray Technician
Elois Beasley, R.N.**	Supervisor of Receiving and Intensive Treatment, A & B
Lena R. Carmichael, R.N.	Supervisor of Receiving and Intensive Treatment, A & B
Mary Joyner, R.N.	Supervisor of Amos Infirmary
Claudine Williams, R.N.	Supervisor of Park Trammell Building
H. M. Dean*	Supervisor of Men's Department, A
J. B. Locklin	Supervisor of Men's Department, A
Betty L. Bradley, R.N.	Supervisor of Women's Department, B
W. P. Dolan	Supervisor of Men's Department, C
Chleo Sanders	Supervisor of Women's Department, D
Mary A. Pond	Dietitian
John R. Dickson	Food Services Manager
Charles P. Evans*	Chief Steward
Marvin Hill	Steward, Amos Infirmary Kitchen
Willard Johnson	Steward, Intensive Treatment Area Kitchen
Andrew Moore	Construction Supervisor
R. T. Duncan	Chief Engineer
Jules Terhell***	Horticulturist
J. J. Rooks***	Horticulturist
C. W. Edwards**	Horticulturist
Norman S. James	Supervisor, Horticulture-Sanitary Department
J. W. Walden	Laundry Manager
E. J. Langley	Fire Chief
Arthur L. Patman	Commissary Manager
Dudley Elder	Plumbing and Electric Supplies Manager
J. H. Chapman**	Chaplain
R. P. Sofge	Chaplain
L. J. Herring	Funeral Director
Jewel Patman, R.N.	Matron, Landis Hall
D. D. Miles	Office Manager
H. E. Shepard	Cashier
W. M. Runkle	Accountant
G. D. Williams	Personnel Manager
C. J. Brock	Paymaster
Rex L. Savage	Administrative Secretary
Isabel Mawhinney*	Secretary to the Superintendent

Lorine Wren****	Secretary to the Superintendent
Delores Andrews	Secretary to the Superintendent
D. Allen Brabham*****	Vocational Rehabilitation Counselor

VISITING STAFF

H. H. Kraeft, M.D.	Thoracic Surgeon
J. G. Lyerly, M.D.**	Neurosurgeon
T. G. Holmes, M.D.	Neurosurgeon
L. W. Elgin, M.D.	Ophthalmologist
R. N. Webster, M.D.	Urologist
W. J. Smith, Jr., M.D.	Orthopedist

* Retired

** Resigned

*** Deceased

**** To full time Division of Mental Health—Administrative

***** Employed by State Department of Education—Division of Vocational Rehabilitation

GENERAL INFORMATION

The Florida State Hospital, established in 1876, is located at Chattahoochee in the Panhandle of Northwest Florida. It is on the site of the old United States Arsenal which was built in 1834, just below the junction of the Flint and the Chattahoochee Rivers, to command the shipping on the Apalachicola River. For more than 70 years this was the only State mental hospital in Florida, but at this time it is one of four separate mental hospitals under the Division of Mental Health.

Much visible progress has been made at this Hospital during this past biennium. Ward buildings that house an entire continued treatment department of over 900 men were completed during this period. The ancient and obsolete buildings that formerly housed these patients are at the present time being demolished. Architects are at present working on plans to replace obsolete buildings of three other continued treatment areas, and the necessary funds for this construction have already been made available by the Legislature. There are also future plans for the construction of a new kitchen and dining rooms for one of the large patient departments, for the complete renovation of the General Kitchen, including cold storage and bakery facilities, for the construction of a replacement warehouse building, for the construction of an Administration and Ancillary Services Building, and for the construction of additional staff housing.

MOVEMENT OF POPULATION

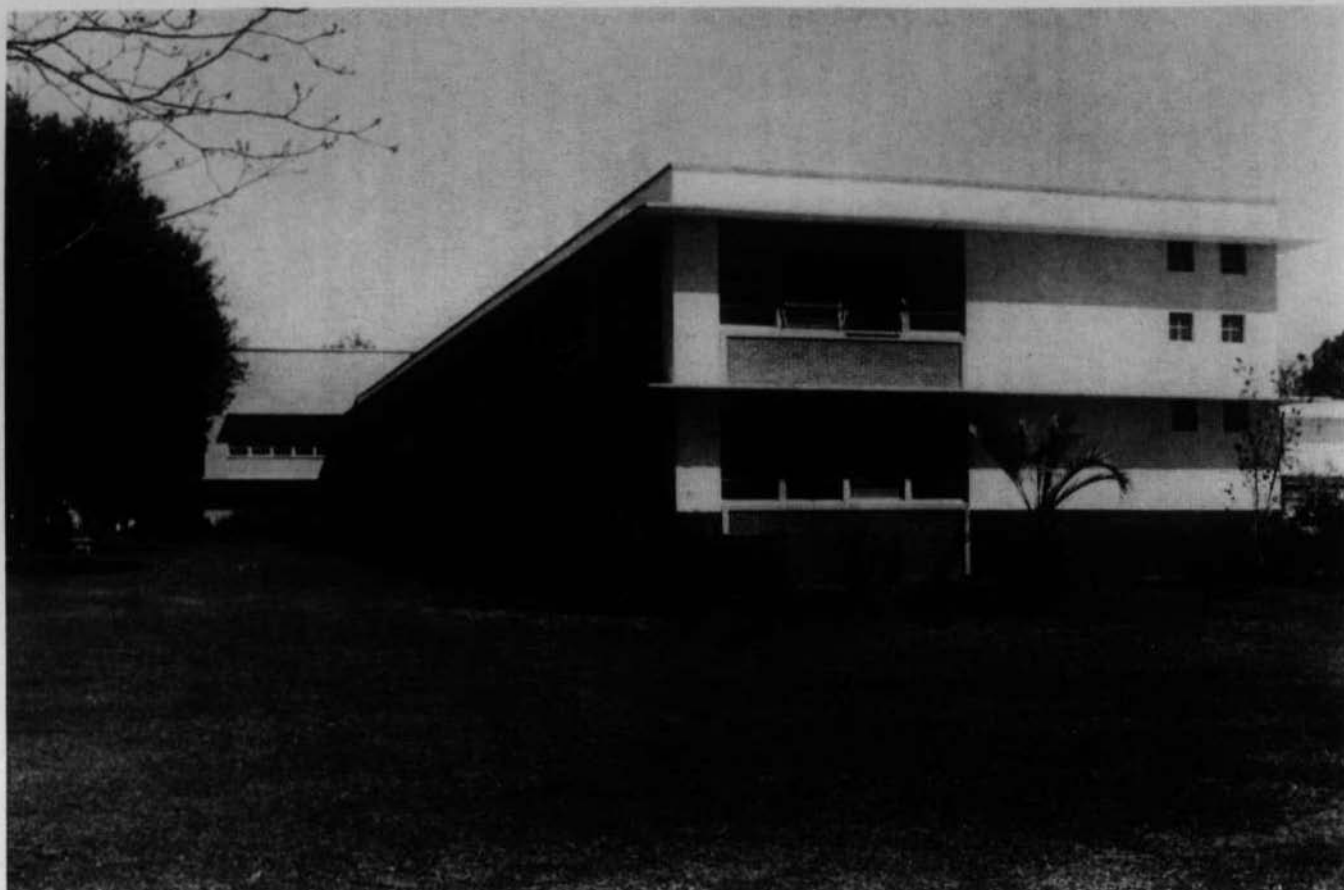
During this biennium there continued to be a moderate reduction in the resident population of this Hospital. The resident patients on June 30, 1962 totaled 6,106, while on June 30, 1964, the number had decreased to 5,929. Admissions during this biennium were 4,166, and separations during the same period totaled 4,343. This resulted in a net resident patient population decrease of 177 during the biennium.

This reduction relieves some of the overcrowding and further relief has been provided by new construction in the replacement of old ward buildings; however, the hospital's patient population is still more than 500 patients above normal capacity. It is hoped that additional patient population reduction can be obtained by increasing the medical staff and efforts are being made at this time to accomplish this goal.

As in previous years, the gradually increasing percentage of elderly patients being admitted has continued to adversely affect the release rate, since the elderly tend to respond more slowly to treatment, and are less likely to recover to the extent that they can be discharged or placed on trial visit.

MEDICAL STAFF

The major problem of acquiring and holding sufficient numbers of well qualified members of the Medical, Psychiatric, Psychological and Ancillary



RECEIVING AND INTENSIVE TREATMENT BUILDING

Staffs continues to be a serious one, and apparently for the reason that while mental health hospitals, clinics, and similar facilities continue to expand, the supply of well-trained personnel has not materially increased to meet the demand. The competition throughout the entire country for the services of psychiatrists and physicians in other specialties remains intense, and it affects to some extent all mental hospitals. We have had no difficulty in obtaining the services of well-qualified Consultants in the following specialties of Orthopedics, Thoracic Surgery, Ophthalmology, Urology, and Neurosurgery.

Diagnostic and General Staff meetings occur several times weekly in order to determine the management of the patient in the Hospital or his capability for release at that time. The Medical and Surgical Staff continues to care for those employees who elect to receive medical or surgical attention through the Employees' Medical and Hospitalization Plan. All applicants for employment also continue to undergo thorough medical examinations prior to acceptance.

HOSPITALIZATION FACILITIES

The treatment areas of the Hospital are under the general divisions of Receiving and Intensive Treatment Facilities, Medical and Surgical Facilities, Tuberculosis Hospital Facilities, Geriatrics Facilities, and Continued Treatment Facilities.

On admission, patients enter the Receiving and Intensive Treatment section for observation, diagnosis and such treatments as may be indicated for any particular illnesses. Those patients who do not readily respond to the various forms of intensive treatment or who require extended care and treatment are transferred to the Continued Treatment section. Those patients who require more nursing care than the average patient because of advanced age and physical infirmities, are transferred to the Geriatric units. Tuberculosis cases are treated in the Tuberculosis Hospital. Those requiring special treatment because of physical ailments or needs for surgery are transferred to the Medical-Surgical section. Convenient to the latter area are the Operating Rooms, Pharmacy, Clinical Laboratory, X-ray Department, Ophthalmology Clinic, and other diagnostic facilities. Nearby are also the Psychology, Social Service and Vocational Rehabilitation Services, and the Record Room.

This is the only hospital under the Division of Mental Health that has a Tuberculosis Service. All cases of tuberculosis detected here or in any of the other three hospitals receive care and treatment in our tuberculosis facilities. This service is under the very capable direction of a skilled specialist in this field. As in the previous biennial report, the population of the Tuberculosis Service has continued to decline and by the end of this biennium the number of such cases had decreased to 67. This decline is due to modern drug

therapy and to the skill of the specialist in charge. Our Hospital is very fortunate in having the services of such a capable physician who has specialized in this field as well as the services of a skilled Thoracic Surgeon. Thoracic surgery here is also utilized in certain areas of bronchiectasis, lung abscess, cancer of the lung, and certain other respiratory diseases.

SURGERY

There has been no basic change during this biennium in the policies of the surgical department, though there have been changes in the personnel. Our previous two well-qualified surgeons resigned to enter private practice during this period, but fortunately their replacements have been equally well-trained and are rendering most satisfactory service to this Hospital. Highly specialized surgery continues to be done by or under the direction of the Visiting Consultants, but all emergency and elective general surgery, both major and minor, is performed by qualified resident surgeons.

During the biennium there were a total of 342 major operations and 1,205 minor operations performed at this Hospital. These were divided into 77 orthopedic, 193 urological, 112 gynecology, 19 ophthalmology, and 1,146 general operations performed. There were also 14 deliveries, 1,240 blood transfusions, 15,870 ambulatory surgical treatments performed, and a total of 8,391 surgical trays prepared for use throughout the Hospital.

CLINICAL LABORATORY

In April, 1963, Doctor John E. Saul was appointed to the position of Pathologist and Director of the Clinical Laboratory. The vacancy had been caused by the death of Doctor Ralph Mosteller who had served the Hospital so faithfully and so efficiently for more than ten years. The Laboratory Technical Staff has been augmented by one Laboratory Aide and now consists of one Chief Technologist and two Technologists, all of whom are registered by the American Society of Clinical Pathologists, and three Laboratory Aides. Continuing efforts are being made to fill the remaining two vacancies and it is anticipated that trained and registered staff will be obtained in the near future.

The Laboratory equipment and facilities have been considerably improved by the acquisition of an Auto Analyzer and a Coulter Particle Counter. The Auto Analyzer, an automated chemical analyzer, has greatly increased efficiency, accuracy, and speed of operation in blood chemistry, improving the laboratory facilities available to the staff physicians. The Coulter Particle Counter is used in the hematology section of the Laboratory. It provides quick, accurate blood counts with greatly improved efficiency and speedy reporting of results.

During the biennium the Clinical Laboratory did a total of 212,585 procedures, including 55,773 hematology tests, 27,344 chemistry tests, 82,005

urinalyses, 13,389 bacteriology tests, 11,358 serological tests, 6,580 parasitology examinations, 2,496 spinal fluid examinations, 1,197 phlebotomies, and 128 autopsies, and many other examinations, such as surgical slides, autopsy slides and histology smears.

PHARMACY

The Hospital Pharmacy is operated under the management of a Registered Pharmacist and one assistant. They have the responsibility of requisitioning and dispensing all drugs used throughout the Hospital.

During this biennium, we have added several new drugs to our Formulary. Only drugs of approved drug manufacturers are used, thus making available only drugs of good quality so as to secure maximum benefits to our patients.

During this period, the drug and medical supplies used were valued at approximately \$565,000. These were all dispensed through this Pharmacy.

The Pharmacy also filled about 14,000 prescriptions for employees during this biennium.

X-RAY SERVICES

The X-ray Department during the past biennium has continued the policy of making chest films on all new patients and all new employees. It has also continued periodic examinations of all tuberculosis suspects and inactive cases. In addition, all suspected fractures are immediately X-rayed and Diagnostic Films and Fluoroscopic studies have also been continued. It should also be mentioned that the Florida State Board of Health has continued its valuable service of yearly X-ray chest surveys of both patients and employees at this institution.

During the biennium, there were a total of 17,013 X-ray films developed, including 11,050 chests, 1,971 extremities, 1,036 pelves, 627 abdomens, 580 spines, 554 skulls, 517 gastro-intestinal series, 331 urograms, and 161 colon X-rays.

FUNERAL DEPARTMENT

This department is under the supervision of a licensed Funeral Director and Embalmer. Funeral arrangements are made in accordance with instructions by relatives and remains are prepared for burial at the Hospital Cemetery or for removal elsewhere, if relatives so desire. If the family prefers burial here, services are conducted by the Hospital Chaplain at the Mortuary Chapel and at the graveside.

On those cases in which written permission from the Nearest Relative has been obtained, the Pathologist performs post mortem examinations for

the benefit of Medical Science. At the present time post mortem examinations are performed in approximately 25 per cent of deaths.

The department recently obtained a new vehicle which is capable of serving as either an ambulance or hearse.

PSYCHOLOGY DEPARTMENT

The Psychology Department is at present staffed by the Director and three Clinical Psychologists. The primary duty of this department is to furnish psychological evaluation of those Hospital patients who have been referred for that purpose by the psychiatrists on the Staff. A multiplicity of tests are available, including Rorschach, Bender-Gestalt, Cornell Index Draw-A-Person, MMPI, SRA Non-Verbal, TAT, Word Association Test, Wechsler Intelligence, Stanford-Binet, Sentence Completion and several others. During the biennium there were a total of 2,101 patients who received psychological testing.

In addition to testing patients, the department has during this past biennium been engaged in testing and interviewing applicants for positions in the Hospital other than those of a professional nature. During the biennium a total of 1,636 applicants have been thus tested and interviewed.

The department administered a total of 7,499 tests to 2,101 patients and 3,709 tests to 1,636 applicants for positions. The department also participated in Diagnostic and Disposition Staff Conferences, in Orientation programs for Hospital personnel, and seminars for outside educational interests.

It is to be hoped that in the near future the department will be successful in obtaining the services of additional psychologists so that it can more adequately meet the present demands placed upon it, and even be able to offer additional services to the patients in this Hospital.

SOCIAL SERVICE DEPARTMENT

The Social Service Department takes an important part in the management of a patient during his stay at the Florida State Hospital. In obtaining social history information, secured by personal interviews with relatives, it furnishes the Psychiatric Staff better knowledge of how the patient reacted to other people, and how he adjusted to various situations throughout his life. This information is also used to develop future plans for the patient prior to leaving the Hospital. Personal interviews with patients and relatives, and the coordinated help from health and welfare agencies, provide assistance to patients and relatives during admission, hospitalization, and at the time of release.

In obtaining these developmental histories, social workers interviewed 3,146 relatives of 1,970 patients, primarily at the time of admission. This has

helped to secure further information which could be of benefit to the Psychiatric Staff. In addition, this department has continued to aid in the completion of social security forms required by the Social Security Administration. Such social security benefits can be a major factor in the future financial security of the patients and their families. In some situations, the Hospital may be awarded partial maintenance for the patient by the Social Security Administration. Some 1,877 of these social security forms were completed during the past biennium. There were also processed some 2,181 county health referrals, which assures that all patients leaving the Hospital on trial visits will have follow-up services by a professional person in his home community.

Since 1954, the Florida State University Graduate Program in Social Work has used this Hospital's Social Service Department to provide supervised field work experience for graduate students. This department has cooperated with the University in the field work training of 69 students, 23 of whom have prepared social work research while on placement at Florida State Hospital. This and other educational endeavors within the department also provides the stimulus for continued in-service training, and necessary introduction to new ideas and concepts in the field of social work, and aids in working with patients and relatives.

The Social Service Department has continued to utilize the Family Care Program, as a part of the total rehabilitation of selected patients. This program provides for the placement of patients with non-relatives, with the primary objective that these patients will become useful and contributing members of society. Both the patients and the individuals who are desirous of having patients on a family care plan are carefully screened prior to placement in a selected home. Each such home is visited at least once a month to determine if any adjustment problems might have developed.

The Foster Home Care Program, which is designed primarily for the placement of individuals over 65, is under the control of the State Department of Public Welfare. That Department has agreed that patients from the State Hospitals can be considered for placement, provided they meet eligibility standards as defined by the State Department of Public Welfare. The Social Service Department has been very active in conducting group meetings and screening procedures in an endeavor to refer only suitable candidates to the State Department of Public Welfare for this program. Through the Family Care and Foster Home Care Programs, it is possible for plans to be made for the release of certain patients who previously had very little potential as candidates for release from the Hospital.

During the biennium the Social Service Department had 1,644 female and 1,811 male patients referred to it, or a total of 3,455 referrals. Of these, 1,975 were for social history information, and the remainder for residence investigations, release plans, personal problems, or for the use of other resources.



ACTIVITIES THERAPY

OCCUPATIONAL THERAPY DEPARTMENT

The Occupational Therapy Department directs the Activity Program, which comprises Recreational Therapy, Music Therapy, fourteen Occupational Therapy clinics, Patients' Library, Industrial Therapy, Vocational Evaluation, and the Volunteer Program of social activities. These activities aid in filling the therapeutic need of most patients in the Hospital.

The rehabilitation of the patient has received increasing importance and has become one of the goals of the Occupational Therapy or Activities Program at this Hospital. Attempts are made to aid the patient to strive towards becoming a contributing citizen of his community upon his return home. There is a concentrated endeavor to be more thorough in each aspect of therapy, and to help the patient obtain strengths for immediate as well as future benefits. Ideally the patient initially passes through the Recreational facility, where his progress is observed in order to determine future activities therapy. Occupational Therapy in a craft shop could well be the next step. Or perhaps some time in Music Therapy, or perhaps an Industrial Therapy setting would benefit the patient. Should there be Vocational determinations that are unfeasible in an Industrial Therapy atmosphere, Vocational evaluation might be advisable in a laboratory setting. Here Pre-Vocational testing can be made and this information passed to the Vocational Rehabilitation Counselor at this Hospital, who in turn consults with the counselor in the home community for aid in placing the patient in a compatible work situation at the community level.

A Vocational Testing Laboratory, which has been in the planning stage for the past two years, has been assigned space in one of our new buildings. Equipment and furnishings have been ordered and we anticipate full scale operation in the next biennium.

Some 250 patients are actively engrossed in our Music Therapy Program while hundreds of others enjoy a passive role in the contribution the program makes. Rhythm bands, singing groups, orchestras, string bands, and choirs are some of the various types of music participation that patients engage in during Music Therapy Classes. The Music Therapist gives individual instruction to a number of patients and trains many for church choirs, singing groups, pageants and talent shows. An enthusiastic volunteer worker ably assists the Music Therapist in obtaining remarkable results in the overall music program at the Florida State Hospital.

At the Florida State Hospital, Industrial Therapy is a therapeutic program designed to enable the patient to regain confidence in his own abilities and to adjust to an orderly schedule approximating as nearly as possible a normal community work routine. There are presently some twenty-seven occupational areas through the Hospital to which patients in the proper stage of recovery are assigned for this purpose.

Referral is made by the Psychiatrist or the Vocational Rehabilitation Counselor. Careful consideration is given to the employment possibilities available to the patient upon release. From time to time there arise cases in which special aptitudes or latent skills may be discovered, which a training situation could further develop, and every effort is made to create an opportunity for such a patient. Thus some patients have started training as Dental Assistant Trainee or as Laboratory Assistant Trainee. It is hoped such training may continue even after the patient has been released from the Hospital.

The Industrial Therapist maintains a liaison between psychiatrists, work area supervisors, and ward supervisors. Each patient's performance and progress is closely followed and regular reports submitted to the referring psychiatrist or to other interested services. On-the-job and on-the-ward interviews are constantly in progress, and the follow-up counselling of participating patients is a large part of the program. When a patient is released from the Hospital, or for other reasons removed from his or her assignment, a complete performance summary and evaluation report is prepared and made a part of the permanent record.

During the past biennium, 649 patients were assigned to various occupational areas. Of this number, 438 were released from the Hospital. Most of the remaining patients have benefited by making a better adjustment to their surroundings even though they have not been released from the Hospital.

VOCATIONAL REHABILITATION SERVICE

Since 1961, a full-time Vocational Rehabilitation Counselor has been assigned to Florida State Hospital. Due to the large number of patients being admitted and discharged from this Institution, more adequate evaluation of their vocational potential and more adequate planning for their adjustment back into their local communities was considered essential.

The Vocational Counselor works closely with the Industrial Therapists in gathering information about the patients' work habits, adjustments and skills. This information aids either in training or in job placement for the patients in the community.

By means of stipends made available by the Department of Vocational Rehabilitation of the State Department of Education during this biennium, the Assistant Director of Occupational Therapy received training as a Vocational Evaluator, and the Industrial Therapist received training in Vocational Evaluation.

A Pre-Vocational Evaluation Unit has also been created, and patients are given job samples with which to work, and an estimate is thereby made as to the patient's possession of skills or ability for various vocations. The Assistant Director of Occupational Therapy and the Industrial Therapist are responsible for conducting Vocational Evaluation. Information obtained

through the Evaluation Unit helps to decide whether to offer training or job placement for the patient in the community.

A study of the patients discharged and released under Vocational Rehabilitation during the first half of this biennium would seem to indicate that selected patients who leave the Hospital with Vocational Rehabilitation assistance have a much better opportunity of remaining out of the Hospital than those who have not received Vocational Rehabilitation assistance.

Satisfactory job adjustment in the local community is generally recognized to have therapeutic values for the emotionally disturbed person. Intensification of planning and work during this biennium indicates progress toward more adequate services in this area.

RELIGIOUS ACTIVITIES

The position of full-time Chaplain at the Florida State Hospital has been held by the Reverend Robert P. Sofge since his appointment in 1962.

The religious program at the Hospital is designed to provide the patient with a wide variety of religious activities in which he is at liberty to participate. It is intended to provide religious activities which bring hope, encouragement, support and insight to the greatest possible number of patients. Efforts are made to meet the needs of denominational groups, and a number of persons from outside the Hospital Staff have been included within the program on a voluntary basis to provide specialized leadership. At the present time, there are at least 20 persons regularly contributing leadership to the religious program.

The Chaplain is aided by a minister who is his part-time assistant, and also by a music therapist employed by the Hospital, and twelve volunteer ministers and seven teachers. Occasionally several more outside persons are involved in this work.

The Chaplain supervises the total religious program, which is divided into inter-faith activities, and denominational activities. The Inter-Faith activities include worship services, funerals, a ministry of worship and education for the Deaf, Bible Classes, Music Ministry, and special activities. Denominational activity is carried on by ordained ministers of several different faiths who donate their time and energy for the patient's welfare. All but one of these volunteer ministers travel 90 miles or more each visit, and one travels a thousand miles monthly to minister to the deaf patients.

A weekly religious bulletin, "The Hospital Visitor," is printed with patient help. It contains announcements of all services and activities scheduled during the coming week, plus informative articles and reports, and devotional material. It is distributed to the religious leaders, department heads, and approximately 700 patients in various departments each week. In addition, the Chaplain regularly sends letters of condolence to the families

of all patients who die at the Hospital. Most of the secretarial and clerical work in the department is performed by a patient who does this voluntarily, thus permitting the Chaplain more time for services and visits.

Records show that an average of 3,370 patients each month attended various religious services held throughout the Hospital. This is more than half of the average monthly patient population.

Each Sunday the Chaplain regularly conducts five inter-faith worship services in as many locations on the Hospital grounds, and teaches a Bible Class. He schedules Funerals three days each week, and also worship services during the week.

The Chaplain tries to see as many patients individually as time permits and also makes arrangements for other ministers to see patients from their church or denomination. He visits all departments of the Hospital periodically, and visits all who are referred to him.

He participates in the orientation and training of student nurses and visiting groups, and occasionally counsels with the families of patients. Annually, he schedules a tour of the Hospital for ministers, and at Christmas, he arranges for the Christmas Caroling program. The 1963 Christmas Caroling program provided the opportunity for about 300 carolers to come from the town and surrounding communities to carol for the patients.

The addition of an Assistant Chaplain is much needed, and such would allow each Chaplain to spend more time counseling individual patients within his area, as well as providing additional worship opportunities.

During this biennium the Chaplain received his Certificate of Ecclesiastical Endorsement from the Methodist Commission on Chaplains for his work at the Florida State Hospital. This can only be obtained after completion of eight years training, including a college degree, and a Seminary degree, and appearing before the Commission in person.

The religious program has become increasingly indebted through the years to outside individuals and groups, who offer their services and resources, or send literature to the Hospital. This opportunity is taken to express our thanks to such supporters, without whose help the religious program could not be as comprehensive as it now is.

DEPARTMENT OF NURSING EDUCATION

The Florida State Hospital Department of Nursing Education has continued to provide a course in Psychiatric Nursing for student nurses who are enrolled in six basic schools of nursing. The central objective of this course is to develop in the basic professional student an understanding of the fundamental principles and an ability to acquire and utilize knowledge and skills in psychiatric nursing so that such might be applied in all areas of nursing. The

Staff consists of the Director of Nursing Education, four Psychiatric Nursing Instructors, and two secretaries.

This course is accredited by the Florida State Board of Nursing and students are accepted into the program for a twelve-week period according to contractual agreement with the various affiliating schools. The student enrollment in this program for the current biennium totaled 352.

The Florida State Hospital also provides clinical facilities for learning experiences in psychiatric nursing for a four-year collegiate nursing program and for two two-year associate nursing programs.

These schools send one or more of their faculty members with the students who assume total responsibility for the teaching and assignment of their students to clinical experience, and for the supervision and evaluation of their students. The enrollment in this program for the current biennium totaled 166.

The Department of Nursing Education Staff is also responsible for the in-service training programs for graduate nurses and non-professional nursing personnel.

In-service Education for non-professional personnel is compulsory and consists of a twenty-seven hour orientation course designed primarily for those employees who have had no previous orientation course, and an advanced eleven-hour course designed for those employees who have previously attended the orientation program.

Special classes are also scheduled periodically for selected aides, and cover special topics or procedures, and at times these are taught by guest speakers.

DENTAL SERVICES

The Dental Department has operated during the biennium with a Chief Dentist, an assistant chief dentist, six dental interns, six dental assistants, a secretary, a record clerk, and four laboratory technicians.

Guest lecturers from Tallahassee, Jacksonville, Lake City, Gainesville, and surrounding areas have continued to make regular visits to this Hospital, lecturing and giving clinical demonstrations to interns as required by the American Dental Association. The efforts of all the visiting clinicians have brought about better service to the patient and a more complete training for the dental interns.

The dental department was re-evaluated by the American Dental Association in December, 1962, with results showing that the dental department still maintains its high standard of dentistry in the rotating internship program.

During this biennium a number of improvements and additions have been made to the dental department. New equipment purchased for the dental department comprises an inter-communication system, a cavitron unit, an electric dental laboratory saw, a Ruemilin dental blast cabinet, four electric compound heaters, and a two-ton air conditioner for the dental laboratory.

In addition, the front office has been remodeled with new flooring, new overhead lights, and expanded by incorporating an adjacent room.

During the biennium, the Dental Service made 19,251 examinations, gave 14,884 treatments, did 1,397 oral surgical procedures, 4,557 extractions, 9,136 oral X-rays, made 1,106 dentures and fixed bridges, and many other types of dental procedures, too numerous to mention.

PERSONNEL DEPARTMENT

The central personnel office has now been in operation for a full biennium, and was established for the purpose of interviewing and screening applicants for employment. It also consists of the payroll section which is responsible for the preparation of all hospital payrolls, delivery of salary warrants, and the maintaining of personnel records and files. Total payrolls for this biennium exceeded \$12,600,000. All non-professional applicants are interviewed by the personnel officer and applications accepted from those who meet preliminary eligibility requirements. The personnel officer also handles the necessary investigative work to determine whether the applicant may be acceptable for employment. In addition, the applicant must successfully complete an aptitude test.

Prior to final acceptance all applicants must satisfactorily pass the required physical examination conducted by the Hospital's personnel physician. Employment is also contingent upon the results of a fingerprint check which is handled by the Florida Sheriffs Bureau.

The personnel department records show that there were a total of 2,269 positions authorized, and the average monthly number employed was 2,130. The total of new employees hired during the biennium was 947, and the total number of employees whose services were terminated was 693. The total number of employees on June 30, 1964 was 2,162. The average employee turnover rate was estimated to be 17.09%

DIETARY

The feeding of the patients in an institution this size is a most important function of the Hospital. Special care must be taken in order to insure that each patient receives the proper nutrition, and at the same time keeping under consideration the cost of food. Of necessity, much attention is given to the preparation of special foods for diabetics and other patients who are

unable to receive a regular diet. All of these special diets are prepared in each one of the Hospital kitchens.

There are six major food service centers operated by the Hospital. These are the General Kitchen, Gray Kitchen, Diet Kitchen, Park Trammell Kitchen, Tuberculosis Kitchen, and the Amos Infirmary Kitchen. The supervision of each kitchen is under the Food Services Manager, the Dietitian, or other trained employees. In all the food services area, a constant effort is made to achieve further improvement in the quality of the foods served the patients.

In addition to the main dining rooms supervised by each of the kitchens, there are numerous serving rooms scattered throughout the various buildings of the Hospital in order to serve those patients who cannot easily go to the larger dining rooms.

The Hospital also continues to operate a bakery which is located in the General Kitchen. This bakery provides all of the loaf bread consumed at the Hospital, and has a daily capacity of 2,800 loaves of bread. The butcher shop is also located at the General Kitchen and processes all the meats served at the Hospital.

During the biennium more than 13,000,000 meals were prepared and served to the patients of this Hospital, at a total raw-food cost of \$3,181,841.

CONSTRUCTION DEPARTMENT

The Construction Department is responsible for the general repair and upkeep of all buildings, the construction of furniture, fencing and walkways, and making small additions and improvements to existing facilities. Occasionally the department may even completely remodel and renovate major old structures. A number of important repairs and improvements were made in the biennium, including the major renovation of a refrigeration room in the General Kitchen, the installation of a new asphalt shingle roof on the Womens Continued Treatment Building B, the construction of an electric conduit line extending some 2,000 feet in length, installing a ceiling in Male Continued Treatment Building C, remodeling seven residences, and building a garage, installing a complete new roof on one of the residences, remodeling the interior of the bakery section of the General Kitchen, construction of approximately 284 lineal feet of the side walk, and major remodeling for the new personnel and payroll offices.

In addition, there were hundreds of smaller repair projects that were completed. The carpenter shop produced many furniture and cabinet items, doors, windows, lockers, wardrobes, shelving, chairs, desks, tables, as well as repairs to many such items. There are 208 buildings on the Hospital grounds and a paint crew is employed full-time in painting of the interiors and exteriors of those buildings requiring such attention. The sheet metal shop



FOOD SERVICES AREA

performs such metal work as is required in normal repairs and remodeling of buildings, and also makes small kitchen equipment, such as pot dippers, and similar items.

The mop and broom shop is also operated by this department, and produced 16,325 mops and 7,650 brooms during the biennium.

ENGINEERING DEPARTMENT

This is one of the key departments in the operation of the Hospital, being charged with the responsibility of providing heat, light, power, water, and all utilities for the entire institution. This includes the operation of a central power plant for the generation of electricity and steam, a water pumping station and filtering plant, with related distribution systems supplying these utilities to all departments of the Hospital. The department also operates shops for the maintenance of plumbing and electrical distribution systems, communications, refrigeration, radio and television, and all mechanical and electrical equipment throughout the institution. An ice plant, which furnishes an adequate supply of ice to the various departments is also operated by this department.

The engineering department during the biennium produced 1,096,199,-300 pounds of steam, 27,475,860 kw hours of electricity, processed and pumped 1,433,680,535 gallons of water, and made 3,121 tons of ice.

The replacement of overhead power and telephone lines by underground conduits in order to provide greater safety and dependability was completed substantially during this biennium. In addition, this department has coordinated its work with the construction department in order to complete the projects listed under the construction department report.

FIRE AND SECURITY DEPARTMENT

This department is supervised by a qualified Fire Chief and is responsible for the training in fire prevention as well as the fighting of fires.

The department is centrally located on the Hospital grounds in a well-equipped building providing for storage space for the department's vehicles as well as the living and sleeping quarters used by the contingent of firemen and volunteer firemen.

The success of the fire prevention program may be measured in part by the fact that the Hospital was fortunate in having no major fires during the biennium. The fire loss within the hospital grounds for this biennium totaled only \$387.50, of which \$304.91, distributed among 13 fires, was caused by careless smoking in bed. The two building fires resulted in a loss of only \$35.00 to the buildings, and \$47.59 to the contents. In addition, the department responded to 7 grease fires, 5 woods fires, 2 automobile fires,

1 scrap-lumber fire, and 2 fires in residences. Several investigations were also made for suspected fire in buildings.

During the biennium a fire truck purchased in 1937 was replaced by the purchase of a new vehicle. The new truck is a 750 gallon per minute pumper, with a 200 gallon storage tank. It has a foam proportioner for the extinguishing of liquefied petroleum fires and was the most modern obtainable at the time of purchase.

The department has made building inspections, maintained first aid fire fighting equipment in all buildings and carried on an up-to-date training program for its employees. An intensive in-service educational program in fire prevention has been carried on among the Hospital employees throughout this period. It is believed this instruction has been the primary reason for the exceptionally low fire loss experienced.

HORTICULTURE—SANITATION DEPARTMENT

Between July 1, 1962 and January 1, 1964, the horticulture department had the misfortune to lose three of its supervisors; two by sudden death, and one by resignation.

It was then decided to consolidate the horticulture department with the sanitation department, since certain of its duties could be regarded as overlapping. The supervisor of the sanitary department, who is a registered sanitarian and licensed pest control operator, and who has been in charge of that department at this Hospital for more than 25 years, was considered capable of also directing the horticulture department, by utilizing the horticultural skills of the workmen already in that department. This consolidation has proven to be very satisfactory to date.

During the six months period of this consolidation, all shrubbery has been pruned and cut back where necessary, and has been fertilized and sprayed at set intervals for control of scale, insects, and fungus diseases most prevalent in this area. Parking lots and driveways were properly graded and re-worked, and a great number of drainage problems were corrected and completed.

Plant propagation has also received much attention, especially azaleas, camellias, viburnum, sasanquas, boxwood, philodendron, lilies, and other decorative plants.

The main entrance to the Hospital has been landscaped, and extensive grading, terracing, and sodding has been carried out around the new male continued treatment building. Removal of diseased shrubbery and relocation of other shrubbery has been done, especially around the general kitchen. Several other areas have also been relandscaped. At the present time, more than 250 acres of the Hospital grounds are being maintained as lawns.

Sanitary inspections continue to be made on a monthly basis in all Hospital departments that are directly connected with the feeding and housing of patients and employees. These are graded in accordance with existing conditions, and are reported to both the Superintendent and to the respective supervisor, in order that immediate corrective measures may be taken.

All buildings on the Hospital grounds are serviced regularly by trained operators for the control of insects and rodents. The various type of insecticides used, such as residual and contact sprays, and all rodenticides, are compounded by this department, which results in considerable savings to the Hospital.

All used food residues are picked up twice daily from all food service departments and serving rooms, and delivered to our special cooking plant where it is properly processed, and then transferred to the Apalachee Correctional Institution where it is used in the hog raising program there. The cooking and processing plant consists of two 1000 gallon capacity steam-jacketed kettles, capable of producing temperatures up to 220 degrees, and in addition has all the necessary equipment for cleaning and sanitizing garbage cans, and meets all the requirements of State and Federal Livestock Sanitary Boards.

This department is also responsible for the operation of the Hospital's activated-sewage treatment plant. This contains nine mechanical fin-type aeriators with primary and secondary clarifiers, and with separate sludge digestion. At the present time, approximately 2,000,000 gallons of sewage passes daily through the Hospital sewage disposal plant. This has a very low biological oxygen demand, and discharges as an exceptionally clear effluent.

This department also handles all Hospital trash, using a modern compactor-type refuse truck, which picks up trash daily from all the wards, halls, office buildings, and residences on the grounds, and twice daily from the food service departments. An open stake-body truck is used for bulk trash, such as limbs, boards, drums, and boxes. This refuse is disposed of by utilizing a sanitary land fill.

LAUNDRY

During this biennium, the laundry furnished all the Hospital laundry needs. It processed clothing and various items of linens of a total weight of 13,928,827 pounds, and at a cost of only \$.0276 per pound. This represents an increase of 191,597 pounds over the previous biennium of July 1, 1960 through June 30, 1962.

During this biennium, one additional extractor was added to the laundry, and one 1,000 pound capacity washing machine was replaced by a washing machine having a 1,200 pound capacity.

SEWING ROOM

This department is in charge of manufacturing many of the items of linens and clothing which are used by this institution. In addition to the manufacture of these items, which includes sheets, towels, pillow cases, dresses, gowns, etc., this department also keeps in repair many of the items which become worn or badly torn.

The department manufactured a total of 11,766 dresses, 13,410 chemises, 11,400 gowns, and 1,899 playsuits. The total value of all clothing produced was \$69,674.10. Bed linens produced included 5,265 sheets and 10,923 pillow cases, at a total cost of \$12,355.55. The cost of other items produced amounted to \$5,197.33. The total cost of all items manufactured by the sewing room amounted to \$87,226.98.

MATTRESS FACTORY

The mattress factory is located in the old magazine which was build in 1834 as a part of the arsenal which originally occupied the Hospital grounds. The mattress factory produces all the pillows and mattresses which are used at this Hospital. In addition, the repair of upholstery and venetian blinds and the making of drapes is performed by this department.

Major items produced by this department during the biennium include 1,079 mattresses, valued at \$16,610.25, and 649 rubberized mattress covers, valued at \$3,106.31, and 729 pillows, valued at \$1,138.50. In addition, there were numerous miscellaneous items made that were valued at \$10,954.77. The total value of the production of this department amounted to \$31,809.83.

WAREHOUSING DEPARTMENTS

The warehousing facilities of the Hospital are divided into two departments, the Commissary Department and the Plumbing and Electrical Supply Department.

The Commissary is responsible for the receiving of all the purchases of the Hospital, and in addition maintains the warehousing facilities for all clothing, linens, office supplies, housekeeping supplies, food and kitchen supplies. It delivers these items to all departments of the Hospital. The Commissary also clears most of the purchase requisitions and makes all emergency purchases required for the Hospital. In addition, the responsibility for one phase of invoice preaudit is handled by this department.

The Plumbing and Electrical Supply Department is responsible for the receiving and issuing of all construction and engineering materials and supplies. These include, besides the various repair parts and fittings normally associated with these activities, such items as chemicals for water treatment, cement, roofing supplies, and lumber. Presently the facilities for the ware-

housing of these items are scattered throughout the Hospital grounds, and in many instances the particular storage area used was not constructed for that purpose. Funds for the construction of an addition to the central warehouse are being requested in order to provide more adequate warehousing facilities.

The Plumbing and Electrical Supply Department also has the responsibility for the salvage operations of the Hospital. All items either worn out, condemned, or surplus to the needs of a department are turned in to this department. Usable items are repaired by the appropriate maintenance shops, and the scrap items are sorted and placed in the salvage yard. Periodically this salvage is sold at public bid through the State Purchasing Commission.

MOVEMENT OF PATIENT POPULATION

	July 1, 1962, to June 30, 1963	July 1, 1963, to June 30, 1964
ADMISSIONS:		
On New Commitment from:		
County Courts.....	1,091	1,304
Circuit and Criminal Courts and Court of Record.....	126	146
Certifications.....	51	73
Voluntary Admissions.....	83	124
Readmitted on Former Commitment.....	10	5
Returned from Trial Visit.....	535	502
Returned from Escape.....	33	37
Transferred from Other Divisional Hospitals.....	9	9
Admitted while on Trial Visit from Other Divisional Hospitals.....	4	1
Transferred from Non-Divisional State Institutions.....	3	1
Other.....		19
TOTAL ADMISSIONS.....	1,945	2,221
SEPARATIONS:		
Released on Trial Visit.....	1,155	1,176
Discharges:		
By Staff.....	197	177
For Transfer to VA Hospitals.....	24	37
For Transfer to Other States.....	28	42
For Return to Court.....	75	72
Certified Patients.....	40	53
Voluntary Patients.....	78	117
Other Discharges.....		7
Transfers to Other Divisional Hospitals.....	5	1
Transfers to Non-Divisional State Institutions.....	19	14
Escaped.....	56	72
Patients Died.....	434	462
Released on Foster Home Care.....		2
TOTAL SEPARATIONS.....	2,111	2,232
Net Decrease in Population.....	-166	-11
POPULATION BEGINNING OF PERIOD.....	6,106	5,940
POPULATION END OF PERIOD.....	5,940	5,929
AVERAGE NUMBER OF PATIENTS.....	6,018	5,948

PSYCHOSES OF ADMISSIONS

	July 1, 1962, thru June 30, 1963					July 1, 1963, thru June 30, 1964				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
Alcohol Intoxication.....	9		3		12	8		1		9
Drug or Poison Intoxication.....		1			1		2			2
Convulsive Disorder.....	1				1					
All Other Conditions.....	3				3				2	2
TOTAL ACUTE BRAIN SYNDROMES.....	13	1	3		17	8	2	1	2	13
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Disease and Conditions due to Prenatal Influence.....						1		1	1	3
Meningoencephalitic Syphilis.....	1		2	2	5	2		4	3	9
Other Intracranial Infections.....	1	1		1	3					
Alcohol Intoxication.....	19	5	1	2	27	21	9	6	1	37
Drug or Poison Intoxication.....		1			1	1				
Birth Trauma.....	1		1		2	2				2
Other Trauma.....	8	1	1		10	11	1	2		14
Cerebral Arteriosclerosis.....	84	133	21	19	257	88	148	20	19	275
Other Circulatory Disturbance.....	4	5	1	2	12	2	1	2	1	6
Convulsive Disorder.....	8	17	2	3	30	16	20	4	5	45
Senile Brain Disease.....	45	28		7	80	30	23	11	15	79
Other Disturbance of Metabolism, Growth, and Nutrition.....						3	4			7
Intracranial Neoplasm.....				1	1					
Diseases of Unknown and Uncertain Cause.....	1	1	2	1	5	1		1		2
Chronic Brain Syndromes of Unknown Cause.....		2	1		3	3	4			7
TOTAL CHRONIC BRAIN SYNDROMES.....	172	194	32	38	436	181	210	51	45	487
PSYCHOTIC DISORDERS:										
Involutional Psychotic Reaction.....	10	36		5	51	10	55	1	2	68
Manic Depressive Reactions.....	5	18		1	24	9	8		1	18

PSYCHOSES OF ADMISSIONS (Continued)

	July 1, 1962, thru June 30, 1963					July 1, 1963, thru June 30, 1964				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Psychotic Depressive Reaction.....	4	5		2	11	7	3		1	11
Schizophrenic Reactions.....	208	226	68	51	553	261	304	83	78	726
Paranoid Reactions.....		1			1	1				1
TOTAL PSYCHOTIC DISORDERS.....	227	286	68	59	640	288	370	84	82	824
PSYCHOPHYSIOLOGIC, AUTONOMIC, AND VISCERAL DISORDERS.....	1	1			2					
PSYCHONEUROTIC REACTIONS.....	4	30			34	23	29			52
PERSONALITY DISORDERS:										
Personality Pattern Disturbance.....	3	1	1		5	7	1			8
Personality Trait Disturbance.....	2	7			9	2	4			6
Antisocial Reaction.....	34	10	2		46	43	11			54
Dyssocial Reaction.....		1	1		2					
Sexual Deviation.....	33		2		35	16		1		17
Alcoholism (addiction).....	55	22	3	1	81	100	32	1		133
Drug Addiction.....	2	5			7	3	6			9
TOTAL PERSONALITY DISORDERS.....	129	46	9	1	185	171	54	2		227
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	1				1	1	2			3
MENTAL DEFICIENCY.....	17	13	9	5	44	30	21	3	7	61
WITHOUT MENTAL DISORDER.....				1	1	1				1
GRAND TOTAL.....	564	571	121	104	1360	703	688	141	136	1668

ADMISSIONS BY COUNTIES

	July 1, 1962, thru June 30, 1963					July 1, 1963, thru June 30, 1964				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Alachua.....	2	4	2	1	9	9	13	4	1	27
Baker.....	1				1					
Bay.....	29	31	8	5	73	32	43	3	5	83
Bradford.....	1				1	1	1		2	4
Brevard.....	16	18			34	15	22	2	3	42
Calhoun.....	9	3			12	6	5			11
Charlotte.....									1	1
Citrus.....	2	1			3	3	3			6
Clay.....		1			1	1	1			2
Columbia.....	1	3	1		5	1	3			4
Dade.....			1		1	1		1		2
De Soto.....	1		2	1	4				1	1
Dixie.....	2		1		3		1	1		2
Duval.....	14	4	4	4	26	33	10	6	1	50
Escambia.....	45	71	18	14	148	59	77	17	16	169
Flagler.....		4		1	5			1		1
Franklin.....	4	6	2		12	4	5	1		10
Gadsden.....	20	9	12	12	53	21	14	7	9	51
Gilchrist.....	1				1				1	1
Gulf.....	4	9	1	1	15	5	10		1	16
Hamilton.....	4	4			8	3	4	1		8
Hardee.....	1	2			3		3			3
Hernando.....	2	1	1		4	2	5	1		8
Highlands.....	2		1	1	4	1		2	1	4
Hillsborough.....	42	22	10	4	78	29	18	7	4	58
Holmes.....	19	17			36	16	17			33
Indian River.....	6	9	2	2	19	7	10	1	2	20
Jackson.....	30	24	7	4	65	56	30	11	8	105
Jefferson.....	1	1	1	2	5	3	4	2	3	12
Lafayette.....	2	2			4	2	2			4
Lake.....	7	18			25	11	16	1	1	29
Lee.....			2	1	3	3	2			5
Leon.....	45	55	10	17	127	40	48	11	19	118
Levy.....	2	3			5	3	1		1	5
Liberty.....	1	3			4	3	1	1		5
Madison.....	8	5		5	18	14	4	3	3	24
Manatee.....	5	6		2	13	11	5	2	2	20
Marion.....	1	13		1	15	20	16	2	4	42
Monroe.....								1		1
Nassau.....	3	2			5	3	1			4
Okaloosa.....	22	26	3	2	53	19	29	1	2	51
Okeechobee.....				1	1	1		1		2
Orange.....	28	24	3	5	60	53	45	7	3	108
Osceola.....	4	1			5	2	4			6
Palm Beach.....			2		2					
Pasco.....	3	2			5	4	6			10
Pinellas.....	24	61	3	5	93	43	55	3	3	104
Polk.....	6	7	6	1	20	5	8	3	7	23
Putnam.....	20	13	1	1	35	10	7	4	3	24
Santa Rosa.....	7	5		4	16	14	18	3	2	37
Sarasota.....	10	4	2	3	19	12	19	1	6	38
Seminole.....	4	2	1		7	9	12	4	7	32
St. Johns.....	5	7			12	6	5		2	13
Sumter.....	4	4	1		9	2	1		2	5

ADMISSIONS BY COUNTIES (Continued)

	July 1, 1962, thru June 30, 1963					July 1, 1963, thru June 30, 1964				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Suwannee.....	2	1	.....	.....	3	5	6	1	.....	12
Taylor.....	8	10	1	.....	19	8	13	6	2	29
Union.....	22	.....	5	.....	27	22	1	9	.....	32
Volusia.....	18	22	3	1	44	22	25	3	2	52
Wakulla.....	4	4	2	1	11	2	5	1	.....	8
Walton.....	20	12	.....	2	34	20	19	2	1	42
Washington.....	20	15	2	.....	37	26	15	3	5	49
TOTAL.....	564	571	121	104	1360	703	688	141	136	1668

ADMISSIONS AND SEPARATIONS

Fiscal Year	Population July 1	Admissions	Separations	Population June 30
1954-55	6,490	2,079	1,844	6,725
1955-56	6,725	2,152	2,356	6,521
1956-57	6,521	2,283	2,149	6,655
1957-58	6,655	2,242	2,217	6,680
1958-59	6,680	2,318	2,309	6,689
1959-60	6,689	2,079	2,372	6,396
1960-61	6,396	2,225	2,329	6,292
1961-62	6,292	2,243	2,429	6,106
1962-63	6,106	1,945	2,111	5,940
1963-64	5,940	2,221	2,232	5,929

G. PIERCE WOOD MEMORIAL HOSPITAL
ARCADIA

C. H. Adair, M.D.
Superintendent

DEPARTMENT HEADS AND MEDICAL STAFF

C. H. Adair, M.D.	Superintendent
A. P. Holloman	Assistant Superintendent, Administrative
Louis F. Verdel, M.D.*	Clinical Director
Norman A. Twigger, M.D.	Clinical Director
J. A. Fernandez, M.D.	Psychiatrist
V. J. Frallicciardi, M.D.	Psychiatrist
R. G. Kibbey, M.D.**	Psychiatrist
R. A. Lopez, M.D.	Psychiatrist
J. M. Metry, M.D.	Psychiatrist
E. E. Graham, M.D.	Psychiatrist
J. B. Hession, M.D.**	Psychiatrist
C. W. Herbert, M.D.**	Psychiatrist
L. A. Rosere, M.D.	Psychiatrist
Vedad Oge, M.D.	Psychiatrist
A. D. Migliore, M.D.	Physician-Surgeon
J. R. Ryan, M.D.	Physician-Surgeon
D. D. Ansill, D.D.S.**	Dentist
A. J. Ziemba, D.D.S.**	Dentist
C. P. Sgroi, D.D.S.**	Dentist
L. A. Fusco, D.D.S.	Dentist
W. E. Schmidt, D.D.S.	Dentist
Isabelle Permenter	Secretary to the Superintendent
Marshall T. Whidden	Office Manager
D. M. Reed	Accountant
J. W. Earnest	Paymaster
Florida P. Trump	Cashier
J. J. Martin**	Chaplain
J. D. McCann	Chaplain
T. R. Doras	Psychologist
B. F. Fleetwood	Director, Social Service
B. V. Smith	Personnel Manager
Kathryn M. Edwards, R.N.	Supervisor
Elizabeth S. Allgood, R.N.	Supervisor, Medical and Surgical
Elizabeth W. Mahone, R.N.	Supervisor, Dorr Infirmary
L. A. Edmonds, R.N.**	Supervisor, Male Receiving
Mabel Avant	Supervisor, Male Receiving
O. E. Harden	Supervisor, Men's Continued Treatment
Vivian Hagan, R.N.	Supervisor, Men's Geriatric Service
Jean A. Wood, R.N.	Supervisor, Intensive Treatment
Mary J. Hill, R.N.	Supervisor, Women's Continued Treatment Carlstrom Division
Alvie Spearman	Supervisor, Women's Continued Treatment Dorr Division
R. E. Lopez, R.N.	Supervisor, Women's Geriatric Service

John A. Walters	Director Food Service
C. W. Edwards	Stores Manager
R. W. Thomas	Chief Engineer
W. R. Smith	Laundry Manager
A. A. Perez	Medical Technician
T. P. Janer, Jr.	Pharmacist
Vada Pence	Coordinator of Volunteer Services
Don Crawford	Recreational Director
V. C. Brown****	Vocational Rehabilitation

* Retired

** Resigned

**** Employed by State Department of Education—Division of Vocational Rehabilitation



LOBBY OF MEDICAL-SURGICAL BUILDING

GENERAL INFORMATION

The G. Pierce Wood Memorial Hospital is located in DeSoto County near Arcadia. It has two divisions—Dorr, located on state highway No. 70, 13 miles east of Arcadia, and Carlstrom, located on state highway No. 31, 7 miles southeast of Arcadia. The two divisions are 16 miles apart. The land and original installations at these sites were formerly the property of the U. S. Government, and were used as Air Force training bases. These properties were acquired by the State of Florida in 1946, and conversion of buildings for use in the care and treatment of patients was completed in 1947. This hospital operated as a branch of the Florida State Hospital, Chattahoochee, from the date of establishment until July 1, 1957. The 1957 Legislature authorized the establishment of the hospital as a separate institution under the Division of Mental Health.

At the end of the biennium, the Carlstrom Division had a bed capacity of 1327 and Dorr Division had a capacity of 673 beds. All the patients at the Dorr Division are female and most of them are long term treatment cases. All new patients are admitted to the Carlstrom Division where the majority of the active and intensive treatment facilities and personnel are located. The Administrative offices, Surgical facilities, maintenance shops, laundry and other principle services are also located at Carlstrom. Proper administration and supervision of the Dorr Division is somewhat difficult due to the distance between the two divisions.

Planning money was appropriated by the 1959 Legislature for preliminary plans to provide facilities at the Carlstrom Division for the transfer of patients now at the Dorr Division and thus release facilities at Dorr to the Division of Corrections for use as prison facilities. A request for capital outlay funds to make this change was included in our 1961, and again in our 1963-65 legislative budgets. The necessary funds were, however, not appropriated. The consolidation of the two divisions is still considered a necessity and the Sunland Training Centers have recently shown an interest in the Dorr Division. We are planning to again request funds necessary for the consolidation of the two divisions in our 1965 legislative budget.

During the biennium, we treated and released 439 more patients than we did in the previous biennium. This is an indication that we are rapidly developing a modern, active treatment hospital. We feel that this is a direct result of increases in Staff, both at the aide and professional levels.

MOVEMENT OF PATIENT POPULATION

On July 1, 1962, the patient population was 1,805. On June 30, 1964, the patients total was 1,846, a gain of 41 for the biennium.

During the first year of the biennium ,we admitted 965 patients and during the second year 1,093; a total of 2,058 for the two years. These figures include admissions in every category; court commitments, returns from trial visit, transfers from other institutions, admissions on order of certification, voluntary admissions and returns from escape.

Separations totaled 942 for the first year and 1,075 the second year, or a total of 2,017 for the biennium. This total includes releases on trial visit and other types of separations as detailed in movement of population tables presented elsewhere in this report.

MEDICAL DIVISION OF HOSPITAL

During the biennium the number of positions for the medical staff, including the Superintendent, increased from twelve to seventeen. However, at the end of the biennium five of these positions were vacant. Doctors qualified for the vacant positions are difficult to recruit to this area. It is felt that a shortage of available living accommodations in the town of Arcadia and here on the hospital grounds is a significant factor in delaying our recruiting program.

All types of modern psychiatric treatment are given at our hospital. These include drug therapy, electro-shock therapy, individual and group psychotherapy, remotivation, occupational and recreational therapy. Emphasis is placed on providing milieu type of treatment or therapeutic community. There are presently three "clinical teams" involved in our treatment program. Two of these are located at Carlstrom and one at Dorr. General medical treatment is given on our wards and the more serious cases are transferred to our modern and relatively new Medical and Surgical Building at Carlstrom. All major surgical problems are also treated in this unit. We still, however, maintain a Medical and Surgical Unit at Dorr, but, whenever possible, serious cases are transferred to Carlstrom where more adequate care can be given.

During the biennium we have satisfactorily utilized the services of a visiting anesthesiologist, who is used on a scheduled basis and is on call for emergency surgery.

About a year ago we were fortunate in procuring the services of a consulting urologist, who is used on a regularly scheduled basis. This addition to our Staff has helped in clearing up many of the urological problems in our hospital. One of our surgeons has had special training in gynecology and we have a weekly gynecology clinic in our Surgical Building. Detailed pelvic examinations are done and all of our new patients have Papanicolaou smears done as a routine test for possible carcinoma. In the biennium, 674 such examinations were completed.

The following operative procedures were carried out during the biennium:

	Major	Minor
General Surgery	33	400
Orthopedic	31	23
Urology	14	21
Gynecology	3	24

The Emergency Rooms service at both hospitals is operative every day. Employment physical examinations, EKG's, spinal punctures, sternal punctures and numerous other procedures are handled through this service.

There have been no serious outbreaks of contagious or infectious diseases among our patients or employees during the period covered by this report.

DENTAL SERVICES

The Dental Department has two full time Dentists and two Dental Assistants. They are under the supervision of the Chief of Dental Services for State Institutions. One Dentist spends two days each week at the Dorr Division and visits that branch as required for emergency service. Since all admissions are at the Carlstrom Division, the majority of the dental work is done there. With this arrangement, our patient population receives adequate dental care.

NURSING SERVICES

The Nursing Service is under the direction of the Director of Nursing and is responsible to the Clinical Director and to the Superintendent of the hospital.

At the present time there are twenty-five registered nurses, four licensed practical nurses, and five hundred and twenty-five aides. Eight of the registered nurses are supervisors with administrative and teaching responsibilities. The staff nurses in the Medical and Surgical Building also have responsibility for some teaching.

A well qualified Director of Nursing Education holds classes for all new aides and teaches additional classes in medications. The supervisors hold nursing care conferences on the wards and considerable interest has been stimulated among the aide group.

Undergraduate nursing students with their instructors from a diploma school, a junior college, and two practical nurse programs visit the hospital every year for a day's orientation. Graduate nurse groups also come for tours. For all these groups, special programs are planned.

Nursing Service, under the leadership of our Director of Nursing, has worked closely with other departments to promote better patient care. Remotivation sessions are in operation the year around and classes in Remotivation are offered four times a year. Jurisdictional and status problems have arisen but with the patient as the focus of attention, these have been quietly resolved.

A recruitment program for more registered nurses is under way. There are still attractive nursing positions in the budget unfilled. Our greatest need is for clinical instructors to teach on the Geriatric and General Wards.

Plans for the coming year include more emphasis on staff development. It is hoped that more psychiatric workshops will be offered in the State as some of our nurses would attend.

CLINICAL LABORATORY

During the past biennium, there has been a considerable increase both in the total number as well as the various types of procedures performed in the laboratories. This, of course, has been due in great part to the overall increase in the patient load. However, much of this increase is attributed to the new facilities and equipment which we now have.

The hospital operates two laboratories, one at the Door Branch and another at the Carlstrom Branch. They are equipped and staffed to adequately take care of almost all the needs of the hospital. Among the procedures performed are, Urinalysis, Hematology, Parasitology, Bacteriology and most of the newer Bio-Chemical Analysis.

The services of a Pathologist are available for such studies as may be indicated. These include Pathological examination of all tissues removed in surgery, bone marrow studies, pap smears, etc.

While much progress has been made during this past biennium, it is hoped that the coming two years will result in even greater strides toward keeping pace with the ever expanding field of Medical Technology.

Tests performed during the biennium:

Bacteriology	1,609
Serology	3,277
Hematology	7,315
Chemistry	7,061
Parasitology & Urinalysis	12,680
Total	31,942

PSYCHOLOGY DEPARTMENT

The Psychology Department currently consists of a Chief Clinical Psychologist, one Staff Clinical Psychologist and an Industrial and Personnel Psychologist. There are at present two vacant Staff Clinical positions.

This is an increase of three positions since the last biennial period. The primary duty of the Clinical Psychologist is to conduct intensive personality evaluations. Referrals are made on a selective basis by the Staff Psychiatrists, largely for the purpose of assistance in diagnosis and in planning a treatment program for the patient. Clinical Psychologists conduct group psychotherapy with patients referred from our physicians. Activity in individual psychotherapy by the Clinical Psychologist during the past biennium has been rather minimal due to Staff limitations.

A significant percentage of the Clinical Psychologists' time is absorbed by his participation in in-service training and educational programs. Psychological consultant services are available to all departments. Presently there is a concentration of consultant services in the Vocational and Remotivation spheres of therapy. Our Psychological Staff has been deeply involved in the planning and organization of a modern comprehensive Industrial Department. A Staff Clinical Psychologist presently has the responsibility for directing the early operational phases of this program. We plan to employ, in the immediate future, an Industrial Therapist who will take over full supervision of the program.

The Clinical Psychologists are required to participate in numerous intra-departmental conferences and patient diagnostic-planning staff meetings.

The Chief Psychologist attends all scheduled patient discharge conferences.

X-RAY DEPARTMENT

X-Ray facilities are maintained at both divisions of the hospital. All of the routine chest X-Rays of employees and new commitments, as well as all examinations requiring fluoroscopic studies are done at the Carlstrom Division. However, the recently installed unit at the Door Branch now enables them to adequately take care of most of their X-Ray needs. The use of the services of a qualified Radiologist has now been increased to a twice a week basis. These improvements have resulted in better and faster services to the patient.

The following is a list of the work accomplished:

X-Rays (Total)	5,495
G.I. Series	35
Gall Bladder Series	20
I. V. Pyelograms	46
Barium Enemas	28
Barium Swallows	9
Extremities	539
Chests	3,928
All others	890

PHARMACY

The adoption of the American Hospital Formulary Service of the American Society of Hospital Pharmacists has resulted in high drug standards and improved patient care. The multiplicity of drugs available today makes it mandatory that an organized, sound program of activity be developed within the hospital to insure the best care and protection possible for each patient. The establishment of the Pharmacy and Therapeutics Committee has rendered maximum use of the available professional skills and judgment at the hospital. The committee consists of the Clinical Director, the Pharmacist and three Physicians, appointed by the Superintendent. The Pharmacist has been designated as secretary and is responsible for the quarterly reports and the minutes of each meeting. The Committee recommends the adoption of policies regarding evaluation, selection, and other matters pertinent to drugs in the hospital. The prevention of unnecessary duplication of the same basic drug or its combinations has resulted in a more economical Pharmacy.

ELECTROENCEPHALOGRAPHY

The EEG Department with its Grass Eight Lead Electroencephalograph has continued to expand in the number of patients tested.

Patients are received on referral basis. This service is extended to include the patients of the Dorr Division. Although most referrals are for evaluation of convulsive or suspected convulsive disorders, brain trauma, or suspected new growths, we have included other disorders which may relate to the Central Nervous System. We hope this department will continue to expand in work volume. The department is under the direction of a qualified Electroencephalographer.

OCCUPATIONAL THERAPY

We have been unable to fill the position of Occupational Therapist II. Such a trained person is needed to direct our occupational therapy activities. We have two Occupational Therapy Departments and a woodwork shop at Carlstrom and an O. T. Shop at Dorr. These are small units and they are unable to accommodate the patients referred by our physicians.

In a few months we will begin construction on the new Occupational Therapy and Recreational Therapy Building. We hope to be able to recruit an Occupational Therapist to direct treatment in the new area.

SOCIAL SERVICE

The purpose of Social Service in a medical setting is to assist psychiatrists and other members of the therapeutic team in enabling our patients to make full use of medical care in order to achieve the fullest possible physi-

cal, emotional, and social adjustment. In order to achieve this mission, the Social Worker's work is divided into three phases—admission, hospitalization, and release planning.

In diagnostic and treatment planning it is essential to have information from relatives, friends, and community agencies concerning the patients' symptoms, behavior, development, attitudes, and relationships with their families and communities as well as reports of previous sickness and treatment. This information is obtained by our Social Workers in interview with relatives when patients are admitted to the hospital and later on during hospitalization. When a patient is not accompanied by relatives, a Social History Questionnaire is mailed to the relatives or community agencies.

During the period of hospitalization, casework service is available to the patients and their families. This is valuable in relieving anxieties and fears when crises arise within the families. Interpreting mental illness to the families of our patients is also an important aspect in social work.

The final phase of service that our department renders is in relation to release plans. Through work with the patient, family, community agencies, and Vocational Rehabilitation Service, we have been able to release many patients from the hospital who may otherwise have remained in hospital. In many cases, adjustment in the community has been facilitated by referral to appropriate community agencies. We also assist patients who require planning with their families and communities before they can be released.

At the beginning of the biennium, our Social Service Staff consisted of our Director and one Social Worker. At the end of the biennium, we had our Director and three social workers. There are presently three vacancies in this department.

VOLUNTEER SERVICES

We do not have a formal volunteer service program at our hospital. There, however, has been considerable activity on an informal basis. A continual program of instruction has been carried on by volunteers in swimming, art, square dance, and ornithology with regular programs of parties, picnics, dance bands, group singing, birthday parties, and card parties. Special groups have come into the hospital to assist in specific projects such as the Clothing Room and Christmas Programs. Garden Clubs help with hospital beautification.

Our latest and very helpful project has been the establishment of the clothing room. This makes new and used clothing available to patients who may otherwise have to do without certain items. The clothing room is stocked by the contributions of volunteers.

A portion of the religious program and alcoholics anonymous is conducted on a volunteer basis.

RECREATION THERAPY

The Recreational Therapy Department has improved and increased its services to the patients during the last biennium through the addition of a qualified Recreation Director, who has a masters degree in Recreation, and the addition of several new positions and equipment. There still remains a great need for additional trained personnel. The department services both the Carlstrom Division and the Dorr Division of our hospital.

Prior to July 1, 1963, there was no prescribed recreation available for patients at either hospital. With the addition of our new recreation area, a more comprehensive program will be available for our patients. The new building will afford many new facilities.

Activities presently available to our patients are swimming, athletics, calisthenics, dances, parties, table games and movies. In addition to these activities the following are provided in conjunction with volunteer groups: Parties, picnics, art classes, bridge classes and a square dance class.

The program is divided into three basic areas: Prescribed Recreation, Prescribed Special Recreation and General Recreation.

The department services some 28 different wards twice a week with 47 hours of prescribed recreation, 4 hours of prescribed special recreation and 35 hours of general recreation. The average number of patient hours of prescribed recreation per week is 1882, with a total of 2820 hours for the department per week.

Weekly meetings for the purpose of in-service training, departmental journal club, and planning are held. At the present time, efforts are being made to initiate an internship program for Senior University Students. This we hope to have operational by January 1965.

Goals and objectives of the department are:

1. To provide activities and encourage patient participation in recreational activities, and to improve the interpersonal relationships between patients and staff.
2. To work with the doctors, and other ancillary services toward rehabilitation of the individual patient.
3. To improve the general physical condition of the patient through prescribed physical activity.
4. To provide wholesome recreation for the purpose of patient enjoyment.

VOCATIONAL REHABILITATION

During the biennium, the Division of Vocational Rehabilitation of the State Department of Education has furnished us with the services of a Vocational Rehabilitation Counselor and a full time secretary. This arrangement

provides us a direct channel to the various services available through all the District Counselors within the state. It provides us with an additional channel to the many services provided by the various communities.

The Counselor is kept aware of the patient's progress and needs through our staff conferences which he attends and through a close working liaison with our physicians and nurses. The Counselor functions in a direct working relationship with our psychologists, social workers and occupational and industrial therapists in order to reach an accurate evaluation of the patients' assets, liabilities and capabilities as they apply to the patients' vocational potential. This procedure insures timely planning for those patients requiring Vocational Rehabilitation Services.

As treatment and evaluation progress, the Vocational Rehabilitation Counselor and our Social Service Department coordinate their efforts to prepare plans that are most suited to the patient's needs and desires upon release from the hospital. These plans provide for a continuity of supportive services that are necessary to the patient's stabilization and adjustment in the community.

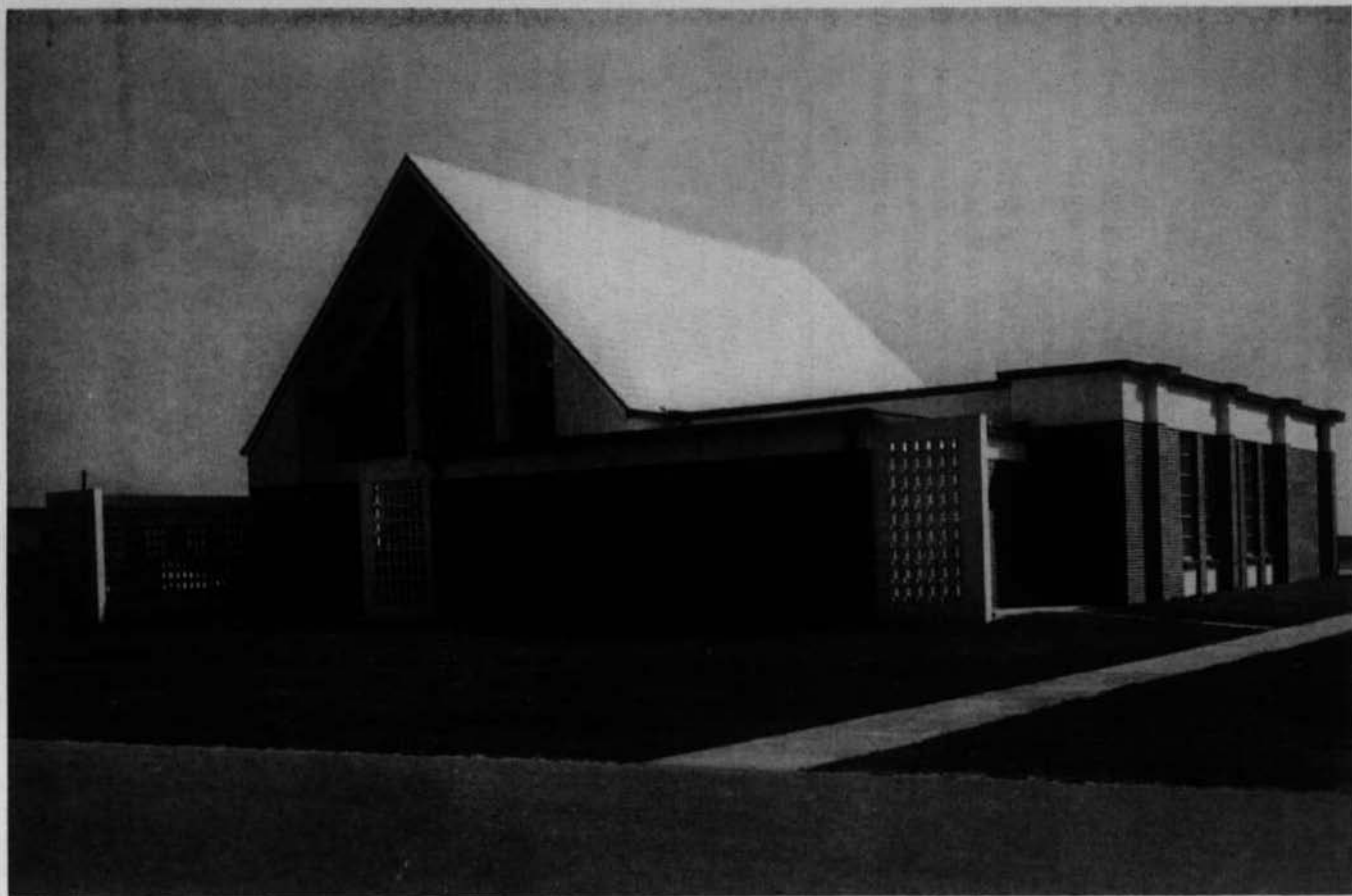
We feel these services have benefited our effectiveness in returning people to the community. Future planning will include consideration for the expansion and broadening of these services.

CHAPLAINCY

On June 7, 1964, we dedicated the new Chapel. This is the first Chapel to be built in a State hospital in Florida. Several of the State dignitaries attended the Dedication Service. Participating in the service were Honorable Tom Adams, the Secretary of State, Doctor W. D. Rogers, the Director of the Division of Mental Health, Doctor C. H. Adair, Superintendent of the Hospital, Mr. A. P. Holloman, Administrative Assistant of the Hospital, Reverend J. J. Martin, the former Chaplain at the Hospital, Chaplain L. T. Fagan and Chaplain John D. McCann, the Chief Chaplain at the Hospital.

Our hospital has a full time Chaplaincy program with a Chief Chaplain and a Staff Chaplain, which provides Inter-Faith Services at both the Carlstrom and Dorr Units. The total religious program is under the supervision of our Chief Chaplain. This entails planning and coordinating the volunteer service of the local Roman Catholic Priest, Episcopalian Priest and Jewish Rabbi. It also includes the integration of the Ward Adoption Program which has been recently established. Local churches volunteer to adopt a Ward in one of the Units and visit their Ward once a month. These visitations are on a strictly fellowship basis and laymen assume the responsibility.

The Chaplaincy sees the patient as a child of God who is in an intense, stressful situation. By recognizing the patient as an individual who has spiritual and moral needs, with a potential for productivity, he is motivated



CHAPEL

to preserve his dignity as a human being. This is accomplished by providing for his spiritual nurture through worship and his personal maturation through pastoral care, visiting and counseling.

On Sunday, the Chaplains conduct morning Worship Services on a non-denominational basis. On Wednesday, they conduct Vesper Services. They visit patients who are put on the "seriously ill" list and participate in the Diagnostic and Competency Staff Conferences. On a referral basis, the Chaplains conduct counseling sessions with the patients. The Chief Chaplain conducts group counseling sessions with the alcoholic patients and serves as the liaison person with Alcoholics Anonymous for the hospital. The Chaplains conduct choir practice and have the responsibility with the doctors of assigning patients to the choir.

Our Chaplains are members of the DeSoto County Ministerial Association and participate in their activities. The Ministerial Association holds one meeting a year at the hospital and a tour of the hospital is provided for the ministers.

PERSONNEL DEPARTMENT

The Personnel Department is principally for the purpose of interviewing, testing and evaluating applicants for employment.

The primary applications, references, inquiries and tests are executed by the Personnel Director to determine the eligibility of applicants for possible employment. When considered for employment, applicants are processed by this department for interviews with their future supervisors. The necessary data forms are completed for the applicant to receive a physical examination by one of our hospitals physicians. The required laboratory and X-ray requests are prepared for completion of the applicant's physical examination. All accepted applicants are fingerprinted and the reports kept by this department for the permanent record. After these procedures are completed, the applicant is processed through the Pay Master's Office as a final step before employment.

All personnel records are maintained by this office and each employee is evaluated periodically as to attitude, ability and other pertinent information.

A complete and up-to-date personnel record on each employee is a must for both the hospital and the employee's benefit. We have many daily reference inquiries on both present and past employees.

All employees who are terminated, transferred or who resign from our staff are interviewed by the Personnel Director.

MAINTENANCE DEPARTMENT

This department, under our Chief Engineer, is responsible for the maintenance and operation of our two hospital divisions, consisting of a total of 83 major buildings.

It provides the daily living necessities for patients including light, heat, power, water, sewerage, transportation and security. It operates a garage which keeps in operation 17 vehicles including two busses running continuous schedules between the two divisions and the town of Arcadia. It also handles disposal of all refuse which is disposed of by the land fill method. All buildings are serviced at regular intervals for the control of insects and rodents. In the case of our hospital, all these facilities must be provided in duplicate as the divisions are 16 miles apart.

Although this department deserves credit in that all essential work has been done, nevertheless, it has been impossible with our present staff to keep the facilities in a good state of maintenance.

Increased staff and expenditures are needed in this department and are being requested in our next budget.

FIRE DEPARTMENT

Our Fire Department consists of a Fire Chief and 14 volunteer firemen who are regularly employed in other departments at the hospital. The department has regular drills and instructs other personnel at the hospital in the use of fire fighting equipment which each building has available.

During this biennium, the Fire Department has maintained all first aid and fire equipment throughout the hospital buildings. Fire extinguishers are placed in all buildings and are recharged and tested regularly. Fire hose is readily available and all personnel are shown how to use it so as to be able to aid the volunteer firemen.

During the biennium our laundry and ice plant were destroyed by fire. The loss was estimated at \$129,219.16.

LAUNDRY

The laundry is located at the Carlstrom Division and it serves both divisions of the hospital. During the biennium, (23 months), a total of 7,514,000 pounds of laundry were processed at this facility.

Our laundry was completely destroyed by fire in June, 1964. Since that time we have used the facilities of the Sunland Training Center in Fort Myers and the Avon Park Correctional Institution.

Our total pounds processed each day has been cut by one-third since the laundry was destroyed, as the available facilities are not adequate for our full production.

Construction was started in August, 1964, on our new laundry, with modern equipment. Completion is scheduled for December, 1964.

SECURITY SECTION

The Security Section furnishes twenty-four hour, seven day service. This section insures the security of the hospital grounds and buildings and safeguards State Property. It promulgates traffic and parking regulations and enforces the observance of them. It also maintains good order and discipline.

This Section conducts regular rounds of inspection of hospital buildings and grounds. It advises and assists in matters pertaining to the protection of patients, employees and facilities in the event of fire, storm or other catastrophe.

INDUSTRIAL THERAPY DEPARTMENT

Although an informal Industrial Therapy Program has existed for some time, wherein patients were assigned various tasks within the hospital, the Industrial Therapy Department was officially inaugurated in March 1964. This function was initially assigned as an additional duty to the Psychology Department pending the assignment of a full time Industrial Therapist.

A comprehensive survey of the positions was made and a vigorous educational program was conducted involving all psychiatrists, department heads and supervisors who were and would be actively engaged in the Industrial Therapy Program. To facilitate the administrative details, a number of forms were devised and distributed to appropriate sections. These include a referral form to be filled out by the psychiatrist, an interview form filled out during interview with patients by the Industrial Therapist and a progress form to be filled out by the patients' "on the job" supervisor.

It is gratifying to note the interest and even the enthusiasm with which this program has been accepted by the job supervisors, some of whom were reluctant to participate when the program was first initiated.

The following statistics indicate the scope of the program during its relatively short span:

Industrial Areas	32
Positions Classified	306
Male Patients Assigned	171
Female Patients Assigned	38
Patients Discharged	65

FOOD SERVICE

During the biennium an average of 5,535 meals were served to our patients each day. During the biennium the total raw food cost amounted to \$956,896.53.

We have two kitchens and a cafeteria at the Carlstrom Division and a kitchen and a cafeteria at the Dorr Division. The majority of our patients have their meals in the cafeteria; however, there are a number of areas where geriatric patients and medical surgical cases are served in dining rooms associated with the wards. Food is transported from the kitchens in electric food conveyors.

An average of 297 employee meals are served daily. Patients' and employees' meals are prepared from the same menu.

MOVEMENT OF PATIENT POPULATION

	July 1, 1962, to June 30, 1963	July 1, 1963, to June 30, 1964
ADMISSIONS:		
On New Commitment from County Courts.....	625	736
Certifications.....	79	75
Voluntary Admissions.....	10	18
Readmitted on Former Commitment.....		1
Returned from Trial Visit.....	242	251
Returned from Escape.....	5	10
Admitted While on Trial Visit from Other Division Hospital.....	4	2
TOTAL ADMISSIONS.....	965	1,093
SEPARATIONS:		
Released on Trial Visit.....	564	605
Discharges:		
By Staff.....	99	173
For Transfer to VA Hospitals.....	2	5
For Transfer to Other States.....	12	15
Certified Patients.....	75	66
Voluntary Patients.....	7	14
Transfers to Other Divisional Hospitals.....	2	1
Transfers to Non-Divisional State Institutions.....		1
Escaped.....	8	15
Patients Died.....	173	180
TOTAL SEPARATIONS.....	942	1,075
Net Increase in Population.....	23	18
POPULATION BEGINNING OF PERIOD.....	1,805	1,828
POPULATION END OF PERIOD.....	1,828	1,846
AVERAGE NUMBER OF PATIENTS.....	1,830	1,860

PSYCHOSES OF ADMISSIONS

	July 1, 1962, thru June 30, 1963			July 1, 1963, thru June 30, 1964		
	WM	WF	Total	WM	WF	Total
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol Intoxication.....	15	2	17	.....	2	2
Drug or Poison Intoxication.....	1	5	6	2	1	3
Convulsive Disorder.....	1	.....	1	.....	.....	.....
All Other Conditions.....	6	.....	6	.....	1	1
TOTAL ACUTE BRAIN SYNDROMES.....	23	7	30	2	4	6
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Diseases and Conditions due to Prenatal Influence.....	.....	2	2	1	.....	1
Meningoencephalitic Syphilis.....	.....	.....	.....	1	1	2
Other CNS Syphilis.....	1	.....	1	1	1	2
Epidemic Encephalitis.....	2	.....	2	.....	.....	.....
Other Intracranial Infections.....	.....	.....	.....	1	.....	1
Alcohol Intoxication.....	5	8	13	10	9	19
Drug or Poison Intoxication.....	.....	1	1	3	1	4
Birth Trauma.....	.....	.....	.....	2	1	3
Other Trauma.....	4	2	6	9	2	11
Cerebral Arteriosclerosis.....	72	43	115	78	39	117
Other Circulatory Disturbance.....	18	17	35	12	15	27
Convulsive Disorder.....	2	7	9	8	9	17
Senile Brain Disease.....	12	27	39	19	38	57
Other Disturbance of Metabolism, Growth, and Nutrition.....	2	2	4	.....	4	4
Intracranial Neoplasm.....	.....	.....	.....	.....	1	1
Diseases of Unknown and Uncertain Cause.....	.....	6	6	4	1	5
Chronic Brain Syndromes of Unknown Cause.....	1	.....	1	8	2	10
TOTAL CHRONIC BRAIN SYNDROMES.....	119	115	234	157	124	281
PSYCHOTIC DISORDERS:						
Involutional Psychotic Reaction.....	15	42	57	10	22	32
Manic Depressive Reactions.....	11	18	29	17	29	46

PSYCHOSES OF ADMISSIONS (Continued)

	July 1, 1962, thru June 30, 1963			July 1, 1963, thru June 30, 1964		
	WM	WF	Total	WM	WF	Total
Psychotic Depressive Reaction.....	5	10	15	7	24	31
Schizophrenic Reactions.....	59	113	172	95	123	218
Paranoid Reactions.....		7	7	1	5	6
TOTAL PSYCHOTIC DISORDERS.....	90	190	280	130	203	333
PSYCHOPHYSIOLOGIC, AUTONOMIC, AND VISCERAL DISORDERS.....				1		1
PSYCHONEUROTIC REACTIONS.....	8	23	31	15	36	51
PERSONALITY DISORDERS:						
Personality Pattern Disturbance.....	4	9	13	14	6	20
Personality Trait Disturbance.....	5	9	14	13	5	18
Antisocial Reaction.....	7		7	6	1	7
Dyssocial Reaction.....	4	2	6	4	3	7
Sexual Deviation.....	2	1	3	6	2	8
Alcoholism (Addiction).....	22	11	33	30	9	39
Drug Addiction.....	3		3		2	2
TOTAL PERSONALITY DISORDERS.....	47	32	79	73	28	101
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	8	4	12	4	6	10
MENTAL DEFICIENCY.....	28	19	47	18	29	47
MENTAL DISORDER UNDIAGNOSED.....	1		1			
GRAND TOTAL.....	324	390	714	400	430	830

ADMISSIONS BY COUNTIES

	July 1, 1962, thru June 30, 1963			July 1, 1963, thru June 30, 1964		
	WM	WF	Total	WM	WF	Total
Brevard.....		3	3	2	2	4
Charlotte.....	9	4	13	6	12	18
Citrus.....		5	5	3	5	8
Collier.....				1		1
De Soto.....	7	16	23	8	6	14
Glades.....				2		2
Hardee.....	8	7	15	16	12	28
Hendry.....		1	1	1		1
Hernando.....	3	3	6	2	8	10
Highlands.....	16	9	25	9	15	24
Hillsborough.....	97	151	248	114	159	273
Lee.....	29	26	55	35	29	64
Levy.....				1		1
Manatee.....	6	15	21	6	8	14
Okeechobee.....	2	2	4		4	4
Osceola.....	3	1	4	1	2	3
Pasco.....	19	12	31	21	11	32
Pinellas.....	33	38	71	44	47	91
Polk.....	77	75	152	95	75	170
Putnam.....				1		1
Sarasota.....	15	22	37	29	34	63
Sumter.....				2		2
Suwannee.....					1	1
Volusia.....				1		1
TOTAL.....	324	390	714	400	430	830

ADMISSIONS AND SEPARATIONS

Fiscal Year	Population July 1	Admissions	Separations	Population June 30
1954-55	1,228	384	311	1,301
1955-56	1,301	691	444	1,548
1956-57	1,548	719	644	1,623
1957-58	1,623	631	657	1,597
1958-59	1,597	688	652	1,633
1959-60	1,633	718	688	1,663
1960-61	1,663	790	741	1,712
1961-62	1,712	930	837	1,805
1962-63	1,805	965	942	1,828
1963-64	1,828	1,093	1,075	1,846

SOUTH FLORIDA STATE HOSPITAL
HOLLYWOOD

R. C. Eaton, M.D.
Superintendent

DEPARTMENT HEADS AND MEDICAL STAFF

R. C. Eaton, M.D.	Superintendent
J. D. Utley, M.D.	Clinical Director
W. E. Verge	Assistant Superintendent Administrative
B. S. Sloan, M.D.	Chief of Psychiatric Service
P. G. Lever, M.D.	Chief of Psychiatric Service
A. den Breeijen, M.D.	Chief of Psychiatric Service
A. Akomer, M.D.	Psychiatrist
L. Ferrer-Meneses, M.D.**	Psychiatrist
L. E. Graubard, M.D.	Psychiatrist
G. O. Hallman, M.D.	Psychiatrist
J. R. Hague, M.D.	Psychiatrist
M. J. Mayol, M.D.	Psychiatrist
C. Martinez, M.D.	Psychiatrist
F. P. Murphy, M.D.	Psychiatrist
I. S. Pantaleon, M.D.	Psychiatrist
R. H. Parks, M.D.	Psychiatrist
E. Subias, M.D.	Psychiatrist
J. R. Gordon, M.D.	Surgeon
A. Friend, M.D.	Physician
D. J. Griffin, D.D.S.**	Dentist
J. W. Davidson, D.D.S.	Dentist
J. de Moya, M.D.	Chief Medical Technician
A. M. Dahlsten, R.N.**	Director of Nurses
G. Frechtel, R.N.	Director of Nurses
D. H. Alberts, MSW	Director of Social Service
J. J. Brockwell, Ph.D.	Chief of Psychology
A. R. Krall, Ph.D.	Biochemist
R. A. Prettyman, M.A.	Chief Recreational Therapy
A. B. Krul, OTR	Chief Occupational Therapy
G. Beekman**	Industrial Therapy
O. Perrin	Industrial Therapy
F. West****	Vocational Rehabilitation
L. F. Ballou	Chaplain
J. L. Hayes	Coordinator Volunteer Activities
M. E. Gallinant**	Director of Personnel
H. Johns	Director of Personnel
A. J. Chesser	Accountant
E. M. Haizlett	Dietitian
M. W. Lockhart	Maintenance Superintendent
C. G. Rogers	Laundry Supervisor
K. S. Gaither	Head Housekeeper
R. G. Loder	Supply Clerk

VISITING STAFF

B. Alpert, M.D.	Electroencephalography
A. Galluccio, M.D.	Radiologist
M. Zbar, M.D.	Pathologist
J. Hopen, M.D.	Ophthalmologist
A. Hollander, M.D.	Urologist
J. Gurri, M.D.	Psychiatrist (Training)
O. M. Reinmuth, M.D.	Neurologist
R. Rice-Simons, M.D.	Neurologist
N. David, M.D.	Neurologist

** Resigned

**** Employed by State Department of Education, Division of Vocational Rehabilitation

GENERAL INFORMATION

The South Florida State Hospital is well situated in the center of population of the Southeast Coast, at West Hollywood, in Broward County. The population of this area is rapidly increasing and it is now estimated to be close to 2,000,000 people. The hospital is assigned all patients from St. Lucie, Martin, Palm Beach, Broward, Dade, Monroe, Hendry and Collier Counties.

The hospital has been in operation since 1957 and, as of June, 1964, the census was 1413. Another 300 beds have been authorized and will be ready for occupancy in the next biennium. This will complete the last planned phase of construction for adults. All types of mental patients are admitted, including those with criminal charges. As yet, no facility for children under 12 years of age has been constructed, but it is hoped that money will be appropriated for a 50 bed children's unit in the next biennium. Such a unit is urgently needed.

Fortunately, this hospital is well situated to participate in a comprehensive community mental health program. Along with this growing trend, we have a follow-up clinic for trial visit patients well established and it is hoped to expand this service for discharged patients.

During the biennium, we have started a rehabilitation department which combines our industrial therapy program with a vocational rehabilitation unit based at the hospital. We are planning to expand our night hospital service and also establish a day care unit during the next biennium. With these services and increasing facilities in the community served, this hospital will be an integral part of a community mental health center.

During the biennium, 2874 patients were admitted to the hospital. This includes transfers, court commitments, voluntary admissions and returns from trial visit. Of these, 1471 were admitted in the first year and 1403 in the second year. Separations from the hospital totaled 2763. Of these, 1402 were in the first year and 1361 in the second year. This included competency discharges, trial visits, deaths, escapes and transfers. Detailed information concerning population movement can be obtained from the charts included in this report.

PSYCHIATRIC DEPARTMENT

During the past biennium, the psychiatric staff has consisted of 13 psychiatrists in addition to the Superintendent, Clinical Director and other medical personnel. Two residents from Jackson Memorial Institute continue to augment the psychiatric staff by serving a three-month's tour of duty as part of their basic psychiatric training, under the direction of John Caldwell, M.D., Director of the Psychiatric Institute of Jackson Memorial Hospital.

The hospital staff is divided into several services, namely, Admission, Acute Intensive Treatment and Continuous Treatment. Those psychiatrists serving on the Acute Intensive Treatment service are responsible for a complete diagnostic admission work-up before the patient is brought before a Diagnostic Conference. This conference is attended by all the clinical staff personnel who are assigned to a specific branch of service. This gives the various departments such as Psychology, Nursing, Occupational Therapy and Recreational Therapy an opportunity to see the patient and to offer suggestions which might be helpful in the therapeutic program.

On the Acute Intensive Treatment wards various forms of tranquilizers, energizers and anti-Parkinson drugs are used extensively. Approximately 25 patients receive regular electro-shock therapy, whereas, over 1000 patients are on some form of tranquilizing medication. Once a patient has demonstrated a sufficient degree of stability, he is extended ground privileges, preferably from an open ward. Over 700 patients enjoy the freedom of the grounds during specific daylight hours. Group therapy continues to be a regular routine on many wards and individual therapy is practiced whenever it is indicated. A small group of patients participates regularly in psycho-drama and one open cottage continues to function as a therapeutic community.

The psychiatric staff, in addition to serving the patient's needs, functions on various hospital committees, participates in in-service education and training and assists in community education.

Since its inception in May of 1962, the Follow-Up Clinic has progressively expanded until it now provides outpatient treatment for over 200 individuals who are out on trial visit and who are unable to afford private psychiatric care.

MEDICAL—SURGICAL SERVICES

These services have continued to be supplied by the regular personnel of the Clinic, the medical-surgical wards and the operating rooms plus the consulting staff, represented by board certified specialists in all fields. A regular eye clinic is held twice a month and a neurological meeting once a month.

Clinic procedures have included:

	1962-1963	1963-1964	Total
Patients treated	1394	1607	3001
Minor surgery	54	81	135
Fractures and casts	17	8	25
Biopsies and smears	76	98	174
Lumbar punctures	225	298	523
Immunizations	3091	2061	5152
Pre-employment physicals	367	371	738
	5224	4524	9748

The Operating Room has been used as follows:

	Major	Minor	Major	Minor	Total
	1962-1963		1963-1964		
Bronchoscopy	0	3	0	1	4
Dental	1	0	1	1	3
General	13	26	36	41	116
Ophthalmology	0	0	3	1	4
Orthopedic	9	3	6	4	22
Urology	20	95	24	120	259
Obstetrics	3	0	7	0	10
	46	127	77	168	418

The Tissue Committee has reviewed and approved all pathological reports, the numbers being 151 in 1962-1963; and 187 in 1963-1964.

A cancer registry initiated in 1962 has listed seven cases for the fiscal year 1962-1963, and 15 cases for 1963-1964.

A monthly pathological meeting conducted by the consulting hospital pathologist, Dr. Marcus Zbar, has reviewed all autopsies performed. The autopsy rate for this biennium was 53.1 per cent.

In November, 1961, the first carotid arteriogram was done in this hospital and special angiographic radiological examinations for diagnostic purposes have been performed since. During the two year period under consideration, 115 individual examinations of this kind were done, including one brachial and two subclavian arteriograms and the remainder carotid arteriograms. Four venograms and 14 aortograms were also done.

TRAINING AND EDUCATION

Under the supervision of the Training and Education Committee, the program of training for all disciplines has gradually expanded. Additional staff is needed for this essential function of the hospital and it is planned to ask for a Director of Training and Research in the next biennium to correlate the program.

Dr. Jose Gurri, Assistant Professor, University of Miami School of Medicine, conducts psychiatric seminars for all disciplines semimonthly. Regular neurological and pathological conferences are held for training, treatment and diagnostic purposes.

Our in-service and student nurse affiliate program is described under Nursing Service.

Residents from the Psychiatric Institute of Jackson Memorial Hospital, Miami, continue to spend three months at the hospital on a rotation basis.

Community education is an essential function of the hospital and both doctors and members of the other clinical services contribute their time to address lay and professional groups in this area. The Broward County Mental Health Association now holds their annual Fair at the hospital. Public Health nurses and the Sheriff's Departments of Dade and Palm Beach Counties attend regular seminars at the hospital.

We have approved training for students from universities in this state and other states in our Psychology, Social Service, Occupational Therapy and Recreational Departments.

RESEARCH

During the biennium, the research on the occurrence of 6-Hydroxyskatole Sulfate in the urines of normals and psychotics has continued. The results were published in the J.A.M.A., Volume 184, No. 4, page 280, April 27th, 1963 by Albert R. Krall, Ph.D., P. Gordon Lever, M.D., B.S., Ricardo Villaverde, B.S. and Bernice Billett, B.S. Further studies have continued and the data on 313 persons is being prepared for publication. In addition, bacteriological studies of feces are being carried out to isolate and determine which bacterium is responsible for the formation of skatoles.

Richard N. Maisel, Ph.D., of the Psychology Department, used the facilities of the hospital to prepare his thesis which was entitled "Psychological Concomitants of Chronic Disease."

Dr. P. Gordon Lever and Dr. J. Ross Hague published an article entitled "Observations on Phenothiazine Concentrates and Diluting Agents" in The American Journal of Psychiatry, Volume 120, No. 10, April, 1964.

The hospital has cooperated with Doctor Lewis, Ph.D., Department of Biochemistry, University of Miami, in a study of the blood and urine levels of amino acid of geriatric patients.

A new study to compare the glucose tolerance curves of schizophrenic and nonschizophrenic patients is being undertaken. A comparison will be made of both intravenous and oral utilization of glucose and the effect of phenothiazine medications will be studied.

Doctor Gordon has continued his study of infravesical obstruction and its relation to psychiatric symptoms. A paper was read by Dr. Asher Hollander to the Section on Urology, Southern Medical Association in Miami Beach, Florida, in November, 1962. The paper, entitled "Infravesical Obstruction and Its Relationship to Edema and Psychotic Behavior," by Asher Hollander, M.D., John R. Gordon, M.D., and Beatrice S. Sloan, M.D., was published in the Southern Medical Journal, Journal of the Southern Medical Association, Volume 57, No. 1, January, 1964.

LIBRARY

Under the supervision of our Library Committee, the librarian has improved the service to the staff. We now have 1075 books primarily related to psychiatry and the other mental health disciplines and also basic reference texts of the other medical specialties. We subscribe to 53 scientific journals. We are gradually adding to our inventory with current publications.

NURSING SERVICES

The nursing staff has increased to 454 since the last biennial report, bringing about many changes. Seven Licensed Practical Nurses have been added to the staff and are being utilized mainly in the Medical-Surgical area. In order to promote better patient care through more effective supervision, the 30 ward areas have been divided into six services. Each service is now the 24-hour responsibility of an area supervisor. Two administrative supervisors assume responsibility for the entire Nursing Service Department on the evening and night shifts. Most of the Registered Nurses are concentrated in the Acute Intensive Treatment and Medical-Surgical areas.

One of the area supervisors, Miss Helen Kocik, R.N., B.S., M.S., has a clinical specialty in child psychiatry from Boston University. She has been working with groups of adolescent patients in her area.

Many of the nurses have been working with their ward psychiatrists in initiating ward team meetings. Some are also holding nursing team meetings on their wards to promote better communication between shifts and more continuity of patient care.

Another innovation is the placement of a nurse in the Admission Lobby on admission days to greet the patient and remain with him while the families are being interviewed by the admitting clerk and the social case worker.

The nurses are encouraged to attend professional meetings, workshops, institutes and conventions. Representatives of Nursing Service have attended both national and state conventions of their professional nurse organizations. Many of the nurses are also taking an active part in extramural speaking engagements.

The Florida Nurses Association, District #21, sponsored a Psychiatric Nursing Conference which was held at this hospital on October 16, 1963. Several of the nurses were participants and most of the nurses were actively involved through the various planning committees.

The nursing section of the Medical Library continues to grow and contains 105 books ranging in content from the basic sciences, different clinical specialties, supervision and communication skills, to the numerous psychiatric nursing texts.

The Nursing Education Department functions under the direction of the Nurse Educator with one Instructor and one Head Nurse assigned full time to the department. Expansion plans are hindered by lack of qualified Psychiatric Nurse Instructors.

Each month this department conducts a Basic Orientation Program for newly employed Psychiatric Aides. During the past biennium, 300 aides have successfully completed this three-week program. Thirteen medication courses were given preparing 156 medication aides. The Medical-Surgical Nursing Course, which is 72 hours in length, was given twice. Twenty-one aides successfully completed this course.

A 14-hour Phase II Orientation Program was initiated for nursing service employees who have been here at least four months. This includes lectures by the various department heads in order to promote better inter-departmental relationships as well as to interpret the role of the departments in the care of patients. This course has been given eight times with 135 aides completing.

Various review classes are offered from time to time to bring older employees up-to-date. Professional nurses are encouraged to attend aide classes in order to effect a better follow-through from the classroom to the ward situation.

Lecture series on descriptive and dynamic psychiatry are given by staff psychiatrists for the professional nurses. These are followed by discussion and seminar groups conducted by the Nurse Educator. Field trips to various community agencies are also a part of the in-service education program for nurses.

A series of lectures regarding psychological tests was offered to the supervisory group by one of the staff psychologists. At present, the supervisory group is involved in the study of group dynamics under the leadership of a nurse consultant from the University of Miami.

South Florida State Hospital is approved by the Florida State Board of Nursing for Student Nurse affiliations. Each affiliate group provides its own instructors and all groups are coordinated with the over-all hospital program by the Nurse Educator. Contractual agreements have been made with three associate degree schools. They are Palm Beach Junior College, Miami-Dade Junior College and the Junior College of Broward County. Three baccalaureate programs use our facilities. They are Barry College of Miami, University of Miami and Albany State College from Albany, Georgia.

A refresher course in Psychiatric Nursing for Registered Nurses was offered through Miami-Dade Junior College in the fall of 1962. Miss Beth Hicks of the Florida State Board of Health taught the course, using the clinical facilities of this hospital.

Three two-day orientation workshops were offered to Public Health Nurses during the biennium.

SOCIAL SERVICE DEPARTMENT

In a psychiatric hospital, the services of the social workers are primarily concerned with identifying and modifying the social, psychological and environmental factors that have affected the social dysfunction of the patient and his family. The psychosocial data obtained assists other staff members in formulating diagnoses, treatment plans and plans for rehabilitation. Through direct services to patients and families and through collaboration with the other professional services in treatment plans, the social workers play an important role in the resocialization of the patient in preparing for his return to the community. In after care, the social workers serve as a link between the community and the hospital through contact with community agencies and programs for the benefit of the patient's rehabilitation.

Within this framework, the Department is constantly seeking ways of improving and expanding services to better serve the patients and their families. Service can only be given within the limits of manpower and there are never enough social workers. During this biennium, the Department has been able to redefine and expand some services. Emphasis continues to be on admission procedures for all and release planning for those with special problems. In the latter category, a closer working relationship has been established with the Division of Vocational Rehabilitation counselor in the hospital in which there is more sharing in the planning phase. Discussion groups on the ward areas have been discontinued by social workers. Instead, they have developed specialized groups for discussion of release and rehabilitation plans. These are small mixed groups of patients referred by the physicians for this particular purpose. Each senior Psychiatric Social Worker has been handling such a group since early in 1963.

In after-care both the caseload and services have increased. This is due particularly to the Follow-up Clinic, to more involvement with the Public Health Nurses and to more trial visits under the direct supervision of Social Service. In addition, there has been more casework service given to released patients with problems of social readjustment to the community. Close contact is continuing with community social agencies, in addition to the Health Department, for the benefit of patients and their families.

During this period, a definite procedure has been worked out with the Cuban Refugee Program in Miami. Released refugee patients in need of medical, financial or material assistance for adjustment in the community are referred back with recommendations.

There was participation in the pilot Day Care Program with the casework supervisor and a junior social worker being members of the interdisciplinary team. The casework supervisor developed a weekly group discussion with the relatives of the participating patients, which the group requested be extended beyond the termination of the Program. Participation

in this Program helped clarify the positive role that hospital social workers can assume in this type of after-care situation.

A number of patients have been referred to the pilot Foster Home Care for the Aged Program of the State Department of Public Welfare. Referrals are continuing to be made, though resistance has been encountered on the part of some patients who are not interested in living with a family and prefer the more varied type of life in the hospital.

The Department's concern for, and participation in, training and education continues to increase within the hospital and in the community. In addition to the continuing programs for Police Recruit Classes, Public Health Nurses, ministers, college and university students and other community groups, there has been more activity with in-service teaching in collaboration with the other disciplines. Within the Department, more emphasis has been put on improving the staff development program. Supervision is now geared to group consultation with individual consultation optional for senior workers though still compulsory for junior workers. The affiliation with the Florida State University School of Social Welfare for field placement for first and second year social work students has continued. In addition, a summer program has been developed for college students interested in the field of social work.

There has been more stability in the staff than in the previous biennium though there have been two positions unfilled for over a year. Recent graduates are not interested in the salary scale—they can earn much more in clinics, private agencies or in state hospitals in other states. As of June 30, eight of the ten allotted professional positions and the three clerical positions are filled.

SOCIAL SERVICE DEPARTMENT

	<u>Caseload</u>		
Patients referred	1962-1963	1963-1964	Total
New	964	903	1867
Reopened	1447	1721	3168
Total	2411	2624	5035

	<u>Services</u>		
Type of Service	1962-1963	1963-1964	Total
Preadmission	26	29	55
* Admission	1265	1169	2434
In hospital	782	942	1724
Rehabilitation	55	108	163
Release plans	237	507	744
After care	171	168	339
Total	2536	2923	5459

* New admissions, readmissions and returns from trial visit

PSYCHOLOGY SERVICE

Although there has been considerable turnover in personnel during the past two years, the Psychology Service currently has a Director, three other staff members and one intern. All staff members hold the Doctorate in Psychology and are certified by the Florida State Board of Examiners of Psychology. It was with considerable pride that the hospital announced in May that the Psychology Service was approved by the American Psychological Association to train interns to the doctoral level. This will allow us to select applicants for training from any accredited university in the nation when funds are available.

The department has five main functions: diagnostic evaluation by the aid of psychological techniques, group and individual psychotherapy, in-service training, research, and the training of psychology interns. Psychologists attend and participate in clinical and administrative meetings and serve as members of the Research Committee, the Committee for Training and Education, the Court Disposition Board and the Hospital Improvement Committee.

The Director has held the position of Clinical Associate Professor of Psychology at the University of Miami for approximately five years and another staff member has been appointed Clinical Assistant Professor at the same institution.

During the past year, two advanced graduate students completed their dissertation projects here at the hospital and received their Doctorate in Psychology from the University of Miami.

Due to increase in number of patients, expansion of services, and the fact that the hospital is now approved to train psychology interns, it is hoped that considerable increase in personnel will take place at both staff and internship levels.

Number of patients tested	732
Number of tests given	2370
Psychological interviews	1020
Hours devoted to research	1014
Hours devoted to training and education	1003

OCCUPATIONAL THERAPY DEPARTMENT

The Occupational Therapy Department has treated an average of 300 patients a month for the past two years.

The Department has extended its treatment program to three of the closed area acute wards. The two registered Occupational Therapists have worked with both ward staff and patients to improve the atmosphere in the area to one of a therapeutic community.

A ward program for geriatric women was instituted in the early part of 1963. Both group and individual projects were used on this program, the ultimate goal being to make the patients useful members of the hospital community.

In an effort to meet the needs of many of our patients, we have initiated two groups oriented and goal directed to the community. One group of young adolescents was a project started and continued by our Occupational Therapy Interns. Trips to the community included such places as Art Museums, Science Laboratories and institutions of learning. These trips are correlated with the group projects. The second group is an Activities of Daily Living Group of adults. Its goal is to introduce or reawaken interests and hobbies and relate them to the community in which the patients will live.

Through the generosity of the Broward County Garden Clubs, we were able to build an Orchid House as an addition to our present flat house. The goal is to interest and instruct our patients in orchid culture to aid them either avocationally or vocationally when they return to the community.

Through our volunteer program, we have been able to teach over 50 women the fundamentals of dressmaking. This program has been twofold. One, vocationally and the other, to add skill for the homemaker.

Two staff members of the Occupational Therapy Department took an active part in the Day Care Center pilot project at the hospital. This was a stimulating and educational experience in which the roles of an Occupational Therapist were expanded.

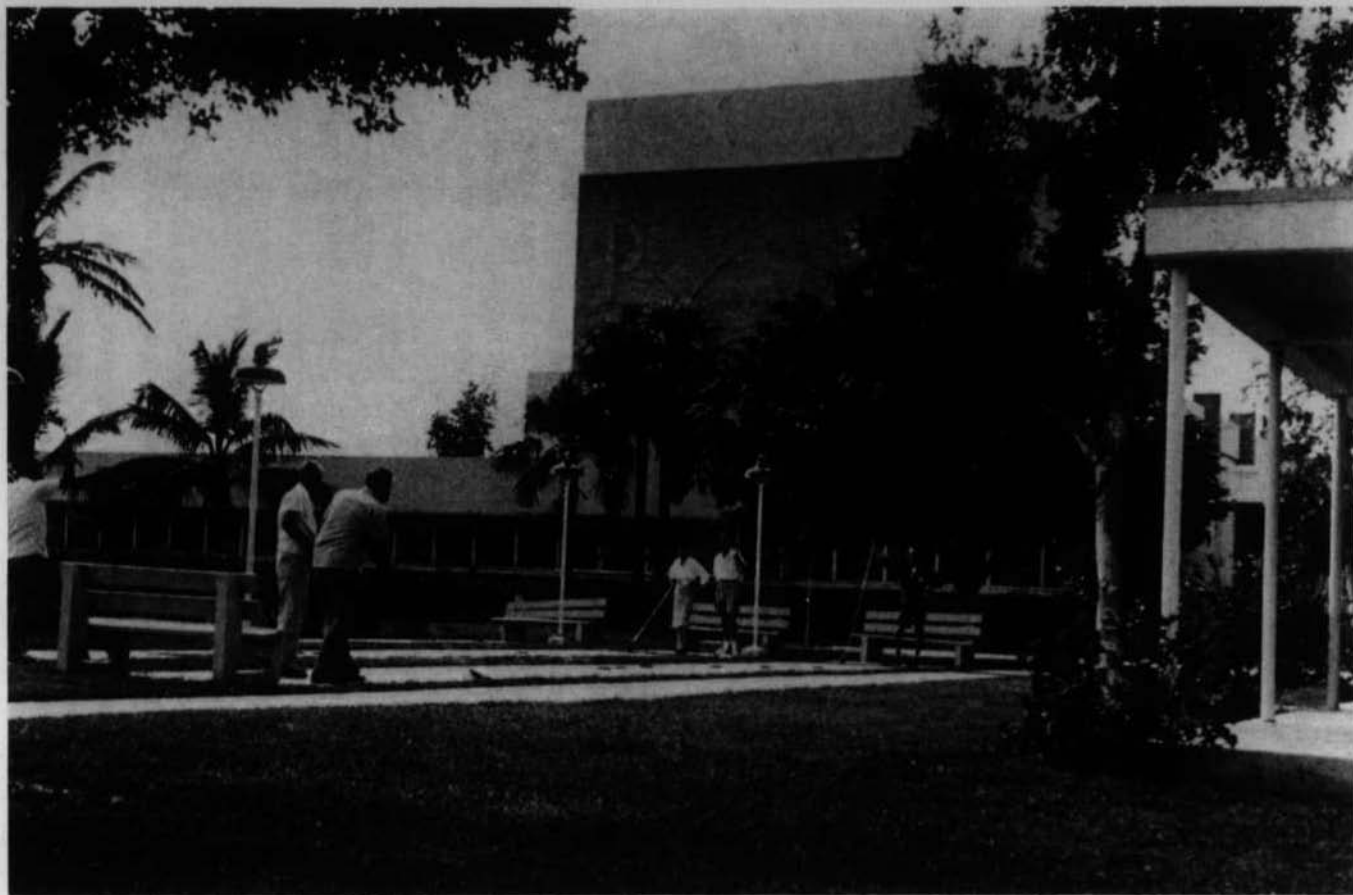
The Occupational Therapy Intern program has increased both in size and number of schools affiliating with our hospital. This past year the Boston School of Occupational Therapy at Tufts University affiliated with us for the first time. Seven Occupational Therapy Interns have affiliated with us in the past two years.

In an effort to help the community have a better understanding of our patients, we participated in three art exhibits; one in Tampa, one in Hollywood and one in Miami; all sponsored by the Mental Health Association of Florida.

RECREATIONAL THERAPY

There has not been an increase in the Recreational Therapy Staff, but there has been an increase in quality and quantity of treatments.

Largely, this is due to the added experience of the staff, additional interns from Florida colleges and summer college students, but credit should be given to the dynamic development of the "Do-It-Yourself" Patient-Planned Recreational Program throughout the hospital.



RECREATIONAL AREA

Recreational Therapy Patient Councils meet every week on each living area of the hospital. The president and other patient-officers conduct the meetings according to parliamentary procedure. The night schedule, regular recreational programs and field trips are planned at the ward-level council, under the supervision of the assigned Recreational Therapy worker.

The ward and cottage officers meet jointly once a month at a hospital-wide patient council. Through this democratic, social process, the individual is allowed to accept responsibility, express himself, test his potentials and tend to regain his self-confidence. Such patient involvement in the Recreational Therapy program has increased interest and participation.

In June, 1960, Recreational Therapy had a daily average attendance of 398. In June, 1962, the daily attendance was 594. In June, 1964, the average daily attendance in Recreational Therapy was 662.

But numbers do not tell of the variety of activities presented by the Recreational Therapy Staff; in addition to the regularly scheduled daily program, there is: A Teen-age Physical Fitness Program; a Monthly Program by the Band and Chorus; Geriatrics patients have a weekly field trip; Geriatrics Patients Recreation Club; Full Sports Program for Maximum Security; Boy Scout Over-night hikes; skill instruction in dancing, swimming and sports.

The Recreational Therapy staff attends the Hospital Conferences to present observations on patients. Detailed observations are charted by the Recreational Therapy Staff.

In the Professional field of Recreation, Director Robert Prettyman was the main speaker at the Florida State Recreation Conference. Members of the staff served on panels at the State convention.

EDUCATIONAL REHABILITATION

The Educational Rehabilitation Program, as an adjunct to the Recreational Therapy Department entered its sixth year in September. The number of patients in the educational program has steadily increased with referrals of 22 in 1959-1960, 31 in 1960-61, 33 in 1961-1962, 74 in 1962-1963, and 192 in 1963-1964.

From two classes per day the program has reached a full time schedule of six 55-minute periods daily, Monday through Thursday, with Industrial Therapy on-the-job training for assigned teaching aides every Friday. Classes average from ten to 30 students supervised by the certified staff teacher, Mrs. Dotte Beeken, Director of Educational Rehabilitation.

Of the 192 patients referred in the 1963-1964 Trimester School year, 82 patients were discharged. Thirty of these discharged patients returned to Public and Private Schools with no loss of academic credit.

Nine students earned High School diplomas. One of these graduates studied in the Ward Bound Educational Program initiated this year in Maximum Security Ward by Doctor Lever and Mrs. Beeken. This student is now enrolled in the Extension College of the University of Minnesota. Five of the graduates are discharged. Two are attending local colleges and one is in the Army.

In addition to the patients referred for educational rehabilitation, 40 patients have been placed with the educational program by the Industrial Therapy Department as teaching aides, secretaries and supply clerks. Of these 40 on the job trainee patients, 25 have been discharged, seven have taken other Industrial Therapy assignments and eight are presently assigned to Educational Rehabilitation.

Many special interest groups are sponsored by the Educational Rehabilitation Program for both students and Industrial Therapy workers:

ITA Inpatient Teachers Association

Industrial Therapy workers group

Boy Scout Patrol #413 now four years chartered.

Young Adults Club, teen-aged members who meet every Tuesday evening for self-planned activities.

Young Athletes Club, teen-aged members started by two college student trainees: B. Mitchell and G. Verge.

Brunswick Bowling League with weekly league play at West Hollywood Lanes.

Swingin' Bugg Hi Newspaper produced monthly by the students.

Spanish-English classes meet daily three hours.

Shorthand and Typing classes meet daily two hours.

All classes are nongraded with each student working at his own tested achievement levels for transferrable credit when he is capable of meeting requirements. The curriculum includes standard and remedial courses (no lab. work) for grades one through twelve as well as enrichment courses and a summer craft program.

Four college-student summer employees have worked for three-month periods with this program as part of an on-the-job training project.

In this biennium, from the 232 patients referred to this program as students and Industrial Therapy workers, 124 have left the hospital and only four have returned.

With the continued increase in young adult census, more provision for increased class room facilities and vocational training must be considered.

INDUSTRIAL THERAPY DEPARTMENT

Through utilization of all the facilities for placement of patients on part time jobs within the hospital, the Industrial Therapy Department is basically now operating with 78 work areas. These are areas where patients assume responsibilities similar to those to be met in the community, except that they are under direct supervision of personnel of the various departments involved.

This socialization and reintroduction to everyday work pressures is a necessary aid and serves to prove that the patient is able to reaccept responsibilities.

The Member-Employee program, originally initiated by the department, is functioning successfully. Of the 77 patients enrolled in the program, 44 have left the hospital while only six have returned.

The number of patients in industries have more than doubled since July 1, 1960. The staff of the Industrial Therapy Department has not increased and remains at two Industrial Therapists. This department necessarily has to participate in the various hospital orientation programs, in-service programs, and seminars. Considerable time is spent in all work areas and in counseling work supervisors on patients' individual progress. Better staff-patient relationship is also the responsibility of the department.

The Vocational Rehabilitation Department and Industrial Therapy Department, although operating separately, have been incorporated in order that patients showing marked improvement can be trained or helped for re-entry into the community.

It would appear inevitable that an increase in staff of the Industrial Therapy Department will be necessary due to the increased number of patients. Therefore, there will be a need for trained and qualified Industrial Therapists.

	WM	WF	CM	CF	Total
Patients in industries on July 1, 1962	177	222	40	35	472
Patients assigned to I. T. during this period	767	999	313	286	2365
Patients discharged from I. T. during this period	724	912	311	263	2260
Patients on Member-Employee program	2	1	2	2	7
Patients in industries on June 30, 1964	258	225	57	37	577

VOCATIONAL REHABILITATION

Prior to January, 1964, a full-time Vocational Rehabilitation Counselor and clerk were assigned to the hospital. Illness required the Counselor to resign in August, 1963. Continued services were provided on a reduced basis by frequent visits of the Vocational Rehabilitation District Director from the Fort Lauderdale office.

In January, 1964, a full-time senior Counselor was assigned to the hospital. By a cooperative agreement between the hospital and the Division of Vocational Rehabilitation, Department of Education, a new department was organized at this time by combining the functions and office space of the Vocational Rehabilitation and Industrial Therapy departments. Because of this cooperative agreement, an additional full-time Counselor was authorized for the department and the position was filled in March, 1964.

A Vocational Rehabilitation Counselor participates in the admission and survey conferences as well as the hospital orientation program. The Counselor assists the patient to initiate a vocational plan while he is still hospitalized. Progress in these plans is advanced as far as possible to eliminate delay in returning to a suitable work situation upon discharge.

To further facilitate a smooth re-entry into the Miami district area labor market, the hospital Counselor maintains a close liaison with a Counselor of that district who is responsible for the case upon discharge from the hospital.

Frequent summary reports are made on former patients seeking Vocational Rehabilitation services from the district offices in their respective communities.

Many of the 78 Industrial Therapy areas of work assignments are considered valuable prevocational evaluation units and more equipment is presently being added to increase patient participation. Plans are presently being made for more adequate transportation arrangements to take care of the increasing need for necessary patient travel between the hospital and community resources. Patients are encouraged to participate in gainful employment on the Night Hospital Plan whenever the opportunities arise. The patient's on-the-job performance enables the Counselor to make a more accurate evaluation of his assets and liabilities for vocational planning. The patient also learns to assume responsibilities and acquire good work habits which increase his chance for an early occupational adjustment upon discharge. During this year, 31 patients participated in the Night Hospital Plan. Several saved a sufficient sum of money to assure their maintenance upon discharge while seeking employment. Close cooperation is maintained between the Industrial Therapist and Vocational Rehabilitation Counselor to assure that the patient obtains the best work experience and preparation for successful training or employment after leaving the hospital.

The primary purpose of the Vocational Rehabilitation Department is to offer services to all patients who can benefit from these services to become vocationally goal-directed and eventually well adjusted in gainful employment.

With the help and cooperation of the doctors, and all departments, a dynamic program is now under way to provide Vocational Rehabilitation services for the patients who will return to employment.

VOLUNTEER SERVICES

The primary responsibility of the Volunteer Services Department includes recruiting, screening and placement of workers in hospital services; dissemination of information regarding hospital needs; the acceptance, acknowledgment and distribution of these contributions and donations. In addition, this Department has expanded its service to both community and hospital in the form of in-service and extramural education through tours, workshops, seminars and participation in training programs conducted by such organizations as Mental Health Associations, American Hospital Association, American Red Cross, Veterans Administration and American Association of Volunteer Service Coordinators.

During this biennium, Volunteer Service has become administratively responsible for the supervision and operation of the hospital Charm School, a treatment activity which involves an average of 240 women patients each week. With the help of eight volunteers working on a two and one-half day weekly program, an average of 760 patient contacts are made each month, with all equipment and supplies coming through community contribution.

This two-year period has brought a large increase in services to our approximately 175 veterans. Fourteen community military organizations and their auxiliaries have directed manpower, supplies and money towards the care and welfare of our patients who are former servicemen and women. This large segment of our patient population has been cared for at Christmas time by our adjacent community military groups.

A new and important community resource has been initiated during this biennium with four local post offices participating weekly in large donations of needed articles and items that they are unable to deliver. Over 1000 current magazines are delivered to this hospital each week for wards and the patients' library. Also, barber supplies, laundry supplies and toiletries have been donated.

One hundred twenty-seven civic, service, fraternal, military and church community groups have continuously given service and among them have supplied the 230 volunteer workers who report each week for scheduled programs and activities at the hospital. These 127 organizations, plus many more on an intermittent basis, have made monetary and material donations.

Through support from these community groups, \$1200 has been donated to provide summer scholarships for college students to train and study in this hospital, money for off-station bus trips, money for the Chaplain's special needs and money for the use of Social Service for emergencies involving patients.

The culmination of all these efforts was the Service Recognition Ceremony held in May when certificates and award pins were presented to 168 volunteer workers with 100 or more hours of service, eleven receiving pins for over 1000 hours and one with well over 5000 hours.

Reports from the Housekeeping Department show that over 300 needy patients are clothed partially each month through contacts and donations made through Volunteer Services. By special arrangement with a large international organization through its local chapter, special clothing articles and new shoes may be purchased outright for indigent patients who cannot be fitted through donations or state issue.

The Coordinator and Assistant Coordinator planned and conducted a brief two-day workshop on unifying of efforts, comparing of programs and giving basic standards of volunteer operation and reporting. The workshop was held at the State School for Retarded at Orlando, centrally located in the state, and was attended by volunteer directors from eleven institutions or hospitals concerned with community efforts in behalf of the mentally ill and retarded.

Our past two Christmas Season activities have been fruitful and successful and with the assistance of Broward County Mental Health Association, have resulted in sufficient gifts for all patients and monetary contributions that made possible the Holiday decorations, refreshments, parties and special programs that involved all patients, even the purchase of special gifts for the very elderly and bedridden.

These two years have evidenced an increase in impetus outside of the hospital through educational talks and special programs at the college level and participation in workshops throughout a three-county area.

Volunteer Services Statistics 1962-1964

Average number of volunteer workers reporting each month	230
Average number of volunteer activities each month	131
Total number of volunteer visits to the hospital	10,296
Total number of volunteer hours within the hospital	37,718
Hospital tours conducted	133
Extramural or community talks given	118

CHAPLAINCY

Rev. Luther Ballou is our first full-time Chaplain. Thanks to the assistance of many neighboring clergymen, he has been able to carry on a wide range of religious services of various types.

Local priests conduct weekly services for the Roman Catholic patients. Regular services are conducted on a rotating basis by five of the rabbis in the area. Services for the Episcopalians are conducted weekly by the rector of a nearby local church. The Chaplain conducts most of the services throughout the hospital for all Protestants, with a tremendous increase in the weekly average attendance. Mrs. Ballou volunteers her services as choir director.

Protestant Communion services are held once a month, with clergymen from neighboring communities furnishing the equipment, elements and assisting the Chaplain. An average of 22 services are conducted monthly by the Chaplain for patients unable to go to the Chapel.

The Chapel is kept open Monday through Friday weekly, for two hours for meditation, counseling, prayer and for distribution of literature. Six psychiatrically-oriented clergymen come once a week on one of these days to counsel with those patients desiring help.

Thanks to the cooperation of community church and civic organizations, a real religious atmosphere has been created in the chapel area with a variety of new equipment. It is now used only for religious purposes.

The Chapel area is set up on a nondenominational basis when no specific service is in progress. However, a side room off the Chapel has been arranged with permanent Protestant and Jewish altars for private worship. When the Catholic priest is not here, he wants his patients to use the nondenominational altar for prayer. When services are in progress, the main altar is changed according to circumstances. Holy day and holiday services are also held.

Periodic orientation talks are given to new patients and new employees. A monthly article has been contributed to our employee's magazine. The Chaplain is an active member of the six ministeriums in the nearby communities. He entertains many clergy individually and in groups for lunch and for hospital tours, to help them understand psychiatric problems.

During the past biennium, Dr. Juan de Moya has served in the capacity of Director of Laboratory Services, ably assisted by three qualified laboratory technicians.



PATIO AREA

The laboratory procedures performed during the biennium are summarized below:

Urinalysis	14,817
Hematology	13,789
Blood Chemistry	12,226
Serology	6,108
Spinal Fluid	3,534
Bacteriology	3,320
Miscellaneous	8,126

A Spinal Fluid Research Project has been in progress and this includes chemical determinations of total protein, gamma globulin and its ratios. More than 800 samples have already been analyzed and recorded. This project is being carried on without any grant or economic help. The findings of the project will eventually be published by the Director of Laboratory Services.

Each syphilitic patient is now under separate control. Every reactive serology is repeated and sent for due confirmation at the Regional Public Health Laboratories. A Reiter Protein Complement Fixation Test and, if necessary, a Fluorescent Treponema Antibody Test or even a Treponema Pallidum Immobilization Test is requested. As soon as a reactive serology is found, the cerebrospinal fluid is fully analyzed for total protein, gamma globulin and ratio, unheated VDRL, cell count, etc. Many interesting cases and facts have been found through this intensive form of investigation.

Many blood chemistry tests which were rarely done now belong to the routine armamentarium of laboratory procedures. These include electrolyte and acid-base disturbances (chloride, sodium, potassium carbonic anhydride) liver profiles, total and bilirubin fractions determinations, BSP, SGOT, SGPT, alkaline and acid phosphatases, etc. All these studies are felt to be imperative and essential with the use of so many drugs that usually produce liver involvement.

A Uroscreen test has recently been added in the bacteriological studies of urinary cultures, in addition to sensitivity tests. This section of the laboratory attempts to keep a vigilant eye on the staphylococcus problem of infections in both the patients and staff personnel. The pathogenicity and resistance to antibiotics are studied in each case.

X-RAY DEPARTMENT

A routine X-ray is mandatory for each newly admitted patient as well as each new employee and, at least, yearly checks are made after this.

In addition to the routine diagnostic studies, brain scans and renal scans are done in the isotope section of the X-ray Department of the Hollywood Memorial Hospital.

The following is a breakdown of the X-ray procedures:

Chest	3796
Skull	546
Spine	389
Intravenous Pyelogram	417
Retrograde Pyelogram	72
Gastrointestinal Series	87
Barium Enema	68
Cholecystogram	89
Cholangiogram	4
Angiography	131
Pneumoencephalogram	3
Miscellaneous	549
Total Number	<u>6151</u>
Electrocardiograms	1098

DENTAL DEPARTMENT

The Dental Department employs one full time dentist and one dental assistant under the supervision of Dr. Paul Uhrig, Chief Dentist for State Institutions.

There were 12,881 treatments given during the biennium. Treatment includes emergency work, extractions, fillings, bridges and dentures.

PHARMACY

Under the supervision of the Pharmacy Committee, the pharmacy is capably operated by a registered pharmacist.

A drug formulary has been prepared and is kept up-to-date.

To save the hospital money, we are now manufacturing a number of medications; for example, several solutions, mouth washes and deodorants.

Our active Follow-Up Clinic, which opened in May, 1962, has shown amazing progress to date. For the first six months of 1963, the average prescriptions dispensed per month was 134. The last six months increased to 194 per month. The first six months of 1964 displayed the upward trend with an average of 254 prescriptions dispensed per month. With a 300-bed addition, we can anticipate an even greater volume.

We also fill all our consultants' orders in the pharmacy. This includes a great deal of compounding of lotions and ointments. This is time consuming, but the physicians' preference of drugs is strictly adhered to for best results.

All Trial Visit and Leave of Absence patients receive their individual medications prepared by the pharmacist. This dispensing is clearly the responsibility of the pharmacist, for it keeps to a minimum any medication or instruction errors. These prescriptions have ranged from a minimum of 50 per week to a peak of 400.

There are many other functions being performed, such as inventory control, expiration date control and the orientation of new employees as to the proper procedure and functions of the pharmacy.

With an addition of 300 beds and the respective increase in inpatient and clinic dispensing, another assistant would be necessary to maintain the high standards of operating this pharmacy.

PERSONNEL DEPARTMENT

The Personnel Department services and maintains records for 26 related departments in the Clinical and Service Groups and also special assignments. It services Workmen's Compensation injuries and reports and clears credit references and contacts between the public and the staff.

For fiscal year 1962-63, we had 786 authorized positions and for fiscal year 1963-64, we had 787 authorized positions. During the biennium, there was a monthly average of 765 employees on the rolls. A total of 761 staff members were hired during the biennium. An average of 31.7 new staff members were employed each month. During the biennium, 670 staff members terminated. A monthly average of 27.9 staff members were terminated.

MAINTENANCE DEPARTMENT

The Maintenance Department consists of Trades Department, Roads and Grounds, Transportation, Water Plant, Steam Plant and Sewage Plant under the direction of a Chief Engineer and is responsible for Household and Property Service.

The Trades Department is charged with small construction of buildings and repairs to utility lines (water, sewage, electric, steam). It averaged completing 900 work orders each month, repairing dietary equipment and ward equipment, X-ray, O. R. and Dental equipment, heating and air conditioning, roofs, glazing and all paint work.

Roads and Grounds maintained 300 acres of ground, cutting grass, pruning trees and shrubs, watering, planting and moving and burning trash.

The Transportation Department averaged 8,291 miles each month to transport food, clothing and various supplies. Nonambulatory patients are transported from patient areas to Clinic, X-ray, Dental and other areas. All repairs to vehicles are accomplished in this department.

The Water Plant pumps water from two wells through the Plant where it is tested, treated and pumped to the buildings for use. Average treating was 9,121,750 gallons a month during the biennium.

The Steam Plant furnishes steam from four 175 HP boilers for Laundry, Dietary, heating and sterilization. The plant used an average of 48,436 gallons of bunker fuel each month to produce a monthly average of 5,376,367 pounds of saturated steam at 110 pounds per square inch.

The Sewage Plant's average flow each month was 7,314,958 gallons of raw sewage. Sewage facilities are inadequate due to increased number of patients over the designed capacity of the hospital. Plant expansion will start and be completed during 1964-1965.

SUPPLY DEPARTMENT

The Supply Department prepares all requisitions for purchases which are made through the State Purchasing Commission on both contract and noncontract items. This Department maintains a complete warehouse, stocking all supplies necessary for the hospital's requirements.

To secure the necessary equipment, materials and supplies required to operate the hospital, 4,732 requisitions were screened and prepared, resulting in 7,037 Purchase Orders. A total of 9,360 Receiving Reports were prepared covering items delivered directly to the consuming department, or stored for their future withdrawals. The Supply Department serviced 1,679 General Stores Requisitions submitted by all departments. There were 386 Equipment Transfers made out of Supply stock and 7,427 Parts and Equipment slips issued out of Supply Maintenance Stores for completion of work orders.

The present warehouse space was designed to house stores for approximately 1,100 patients and is inadequate to cover the 1,400 patients now in the hospital. When the additional 300-bed construction is completed, it will be necessary that more storage space be added to the current warehouse.

HOUSEKEEPING DEPARTMENT

During the biennium, two employees were added to the Housekeeping Department giving a total staff of 23. The department issues janitorial and cleaning supplies to 51 areas. This includes Nursing and other departments of the hospital. 3,840 requisitions were received and issued during the period. Clothing additions and replacements issued were 33,826.

Janitorial services are provided for 25 areas. This includes all public areas, all offices and some patient areas. A total of 144,000 square feet of floor space is serviced. The department is operated 7 days each week. The

Sewing Department repaired 123,321 pieces of clothing and linen and produced 9,219 various cloth items. The current sewing room facilities are inadequate due to increased repairs, production and assignment of Industrial Therapy patients.

A Clean-O-Scope Training Program is held once each month. Methods of cleaning and sanitary procedures are conducted by this department for all personnel engaged in these activities. A weekly inspection of ward areas has resulted in a good housekeeping and protective maintenance program.

DIETARY DEPARTMENT

This department is supervised by a Director of Food Service, aided by a Chief Steward. Special Diets are under the direction of a Therapeutic Dietician.

An eight-week cycle menu coordinated with special diet menus has simplified ordering, issuing and inventory control.

The bulk of the food preparation is done in a large Central Kitchen and transported by motor truck in thermos type containers to the Old Kitchen. Food is also transported to the three Geriatric Buildings, Medical and Surgical areas and the Maximum Security Building. Desserts are prepared in the Old Kitchen.

Food is served as indicated by the patients' needs in regular cafeterias, by heated food carts, or on prepared trays. Employees pay for food in cafeterias serving the same menu prepared for patients.

	1962-1963	1963-1964
Total meals served	1,570,573	1,629,268
Total Cost of meals served	\$398,027.51	\$414,658.39
Average meals per day	4,202	4,459
Average special diets per day	555	644
Average daily employee on duty	81.3	79

Weekly inspection teams, training classes and orientation programs are in effect.

In the coming biennium, we are planning to reopen the Old Kitchen to provide services for some 460 patients. This is necessary to relieve the New Kitchen, which is overtaxed in trying to meet current services. New construction will increase the patient load by 280 patients.

LAUNDRY DEPARTMENT

The Laundry during the past biennium has maintained the usual economical status as in previous years. Although no additional personnel

was provided for this biennium, some additional equipment was added that helped to keep the workload in balance. The additional equipment consisted of a flatwork folder and a hydraulic extractor. The loading platform was enclosed to enlarge the soiled linen sorting room which permitted the soiled linens to be kept at a more widely separated distance from the processed linens.

The Laundry processed 5,330,526 pounds of soiled linens, averaging 5 pounds per patient per day.

MOVEMENT OF PATIENT POPULATION

	July 1, 1962, to June 30, 1963	July 1, 1963, to June 30, 1964
ADMISSIONS:		
On New Commitment from:		
County Courts.....	897	846
Circuit and Criminal Courts and Court of Record...	61	82
Certifications.....	165	111
Voluntary Admissions.....	39	52
Readmitted on Former Commitment.....	1	.....
Returned from Trial Visit.....	216	206
Returned from Escape.....	26	24
Admitted While on Trial Visit from Other Division Hospitals.....	.....	1
Transferred from Non-Divisional State Institutions.....	.....	1
Returned from AWOL.....	51	60
Other Admissions.....	15	20
TOTAL ADMISSIONS.....	1,471	1,403
SEPARATIONS:		
Released on Trial Visit.....	475	511
Discharges:		
By Staff.....	360	322
For Transfer to VA Hospitals.....	8	18
For Transfer to Other States.....	39	44
For Return to Court.....	43	47
Certified Patients.....	127	95
Voluntary Patients.....	48	37
Other Discharges.....	21	24
Transfers to Other Divisional Hospitals.....	.....	3
Transfers to Non-Divisional State Institutions.....	5	1
Escaped.....	39	33
Patients Died.....	160	146
Other—AWOL.....	77	80
TOTAL SEPARATIONS.....	1,402	1,361
Net Increase in Population.....	69	42
POPULATION BEGINNING OF PERIOD.....	1,302	1,371
POPULATION END OF PERIOD.....	1,371	1,413
AVERAGE NUMBER OF PATIENTS.....	1,341	1,391

PSYCHOSES OF ADMISSIONS

	July 1, 1962, thru June 30, 1963					July 1, 1963, thru June 30, 1964				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
Alcohol Intoxication.....	22	3	18	2	45	13	6	17	14	50
Drug or Poison Intoxication.....	2	.....	.....	.....	2	1	1	1	3	6
All Other Conditions.....	5	3	.....	2	10	2	3	6	3	14
TOTAL ACUTE BRAIN SYNDROMES.....	29	6	18	4	57	16	10	24	20	70
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Diseases and Conditions Due to Prenatal Influence.....	1	1	.....	1	3	.....	.....	.....	.....	.....
Meningoencephalitic Syphilis.....	1	1	2	.....	4	.....	.....	.....	.....	.....
Other CNS Syphilis.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2
Epidemic Encephalitis.....	1	.....	.....	.....	1	.....	.....	.....	.....	.....
Other Intracranial Infections.....	.....	.....	.....	.....	.....	1	1	.....	.....	2
Alcohol Intoxication.....	8	4	3	.....	15	15	9	6	.....	30
Drug or Poison Intoxication.....	.....	2	.....	.....	2	.....	.....	.....	.....	.....
Birth Trauma.....	2	.....	.....	.....	2	2	1	.....	.....	3
Other Trauma.....	8	.....	1	.....	9	1	1	1	.....	3
Cerebral Arteriosclerosis.....	45	35	2	4	86	27	20	5	3	55
Other Circulatory Disturbance.....	7	1	4	.....	12	4	3	3	1	11
Convulsive Disorder.....	17	1	3	2	23	7	8	.....	1	16
Senile Grain Disease.....	28	21	4	5	58	22	19	.....	1	42
Other Disturbance of Metabolism, Growth, and Nutrition....	2	4	2	1	9	7	3	.....	.....	10
Intracranial Neoplasm.....	1	.....	.....	.....	1	.....	.....	.....	.....	.....
Diseases of Unknown and Uncertain Cause.....	3	3	.....	.....	6	2	2	.....	.....	4
Chronic Brain Syndromes of Unknown Cause.....	3	5	7	.....	15	1	5	6	4	16
TOTAL CHRONIC BRAIN SYNDROMES.....	127	78	28	13	246	89	72	23	10	194
PSYCHOTIC DISORDERS:										
Involuntional Psychotic Reaction.....	11	52	2	7	72	6	36	1	3	46
Manic Depressive Reactions.....	25	28	.....	2	55	25	24	1	2	52

PSYCHOSES OF ADMISSIONS (Continued)

	July 1, 1962, thru June 30, 1963					July 1, 1963, thru June 30, 1964				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Psychotic Depressive Reaction.....	14	11	.....	1	26	6	17	2	4	29
Schizophrenic Reactions.....	142	233	71	69	515	162	260	65	48	535
Paranoid Reactions.....	1	2	.....	.....	3	4	.....	.....	.....	4
Other.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1
TOTAL PSYCHOTIC DISORDERS.....	193	326	73	79	671	204	337	69	57	667
PSYCHONEUROTIC REACTIONS.....	28	32	.....	.....	60	21	22	1	.....	44
PERSONALITY DISORDERS:										
Personality Pattern Disturbance.....	9	4	.....	.....	13	7	5	1	.....	13
Personality Trait Disturbance.....	9	8	1	.....	18	10	10	2	.....	22
Antisocial Reaction.....	19	3	.....	.....	22	16	1	1	.....	18
Dyssocial Reaction.....	1	4	.....	.....	5	.....	.....	.....	.....	.....
Sexual Deviation.....	15	.....	.....	.....	15	11	.....	2	.....	13
Alcoholism (Addiction).....	18	12	2	.....	32	20	11	4	1	36
Drug Addiction.....	3	4	.....	.....	7	4	1	.....	1	6
TOTAL PERSONALITY DISORDERS.....	74	35	3	.....	112	68	28	10	2	108
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	9	3	.....	2	14	6	3	.....	.....	9
MENTAL DEFICIENCY.....	9	3	.....	2	14	5	2	5	4	16
WITHOUT MENTAL DISORDER.....	1	.....	2	1	4	2	.....	1	.....	3
GRAND TOTAL.....	470	483	124	101	1,178	411	474	133	93	1,111

ADMISSIONS BY COUNTIES

	July 1, 1962, thru June 30, 1963					July 1, 1963, thru June 30, 1964				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Baker.....							1			1
Broward.....	127	107	26	25	285	92	118	24	21	255
Collier.....	14	8	1	1	24	8	4	1	2	15
Dade.....	241	229	54	48	572	208	218	68	41	535
Hendry.....	4	3		1	8	4	2	1	1	8
Martin.....	6	4	2		12	4	5	1	1	11
Monroe.....	8	22	5	2	37	12	21	7		40
Orange.....		1			1					
Palm Beach.....	51	83	27	17	178	62	83	23	27	195
Pinellas.....						1	2			3
St. Lucie.....	19	26	9	7	61	20	20	8		48
TOTAL.....	470	483	124	101	1,178	411	474	133	93	1,111

ADMISSIONS AND SEPARATIONS

Fiscal Year	Population July 1	Admissions	Separations	Population June 30
1956-57	0	278	25	253
1957-58	253	739	420	572
1958-59	572	973	703	842
1959-60	842	1,226	1,030	1,038
1960-61	1,038	1,342	1,168	1,212
1961-62	1,212	1,462	1,372	1,302
1962-63	1,302	1,471	1,402	1,371
1963-64	1,371	1,403	1,361	1,413

NORTHEAST FLORIDA STATE HOSPITAL

MACCLENNY

J. T. Benbow, M.D.

Superintendent

DEPARTMENT HEADS AND MEDICAL STAFF

J. T. Benbow, M.D.	Superintendent
M. Wellman, M.D.	Clinical Director
J. E. Jones	Assistant Superintendent Administrative
R. F. Boone, M.D.**	Psychiatrist
T. F. Burke, M.D.**	Psychiatrist
A. D. Duffy, M.D.**	Psychiatrist
P. B. Ivory, M.D.	Psychiatrist
J. C. Palmer, M.D.**	Psychiatrist
A. L. Robertshaw, M.D.**	Psychiatrist
M. M. Herenda, M.D.**	Psychiatrist
G. L. Arias, M.D.	Psychiatrist
D. G. Elefthery, M.D.	Psychiatrist
M. A. Sala, M.D.	Psychiatrist
J. M. Salazar, M.D.	Psychiatrist
C. Salazar, M.D.	Psychiatrist
E. Subias, M.D.*****	Psychiatrist
E. J. Duffy, M.D.**	Physician
J. R. Ryan, M.D.**	Surgeon
A. F. Frexes, M.D.	Surgeon
E. J. Stevens, D.D.S.**	Dentist
R. A. Johnson, D.D.S.**	Dentist
J. L. Janette, D.D.S.**	Dentist
G. D. Grissom, D.D.S.**	Dentist
B. B. Davis**	Chief Psychologist
R. Hayes	Psychologist
C. Wax	Psychologist
J. Rogers**	Pharmacy
G. D. McCullum, Jr.	Pharmacist
R. F. Fritz	Chief Medical Technologist
A. Ritter	Director, Social Service
V. Tyler, R.N.	Director of Nurses
J. C. Thompson	Director of Occupational Therapy
C. M. Hayes**	Accountant
D. L. Smith	Accountant
K. F. Klein	Secretary to the Superintendent
F. S. Tyson	Food Service Manager
G. M. Hill	Stores Manager
G. F. Williamson	Sanitary Engineer
J. C. Long	Building Maintenance Superintendent
M. E. Taylor	Chief Engineer, Heating Plant
J. Sellers	Laundry Manager
T. McIntyre	Supervisor of Grounds
H. W. Craig****	Vocational Rehabilitation

CONSULTING STAFF

J. G. Lyerly, M.D.	Neurosurgery
W. P. Scott, M.D.	Radiology
M. L. Ekwall, M.D.	Electroencephalography

** Resigned

**** Employed by State Department of Education—Division of Vocational Rehabilitation

***** Transferred to Other Divisional Hospitals



SCENE IN ACTIVITY THERAPY AREA

GENERAL INFORMATION

The Northeast Florida State Hospital has been in operation since August of 1959, and all facilities of the intensive treatment area and the geriatric areas have been in full operation during the last year of the biennium under report. The geriatric area activation was completed during the first year of this present biennium.

The policy of the hospital and its philosophy continue to be that of operating a facility in which the environment is conducive to recovery by our patients. We feel that environmental therapy is a very important part of the treatment program, and we allow patients to have as much freedom of the grounds as their condition permits. This policy has worked out quite well since we have been open and has contributed materially to the recovery of the patients who have been with us. It has been interesting to note that not only do the acute short-term patients function quite well in such an atmosphere, but also many of the longer-termed patients who have been sick for quite protracted periods of time. The atmosphere of permissiveness brings about resocialization much more rapidly than a constricted atmosphere. We feel this has in many instances allowed us to return patients to their homes or communities more readily than might have been possible if a more rigid attitude had been taken.

During this biennium we almost completed construction on a 312-bed unit for a rehabilitation area which will be opened about January 1, 1965. This construction consisted of eight ward buildings, a new dining room and kitchen, a rehabilitation and canteen area, a fire station, and some associated utilities. This area will be a Vocational Rehabilitation area with emphasis on prevocational evaluation. This will enable us to more adequately place patients into working situations at the time of their release from the hospital, and further the adjustment, both social and economic, of individuals who have been patients of ours at the hospital.

Our next planned area of expansion will provide a gymnasium, a chapel and a chronic disease facility to take care of patients who are bedridden and presently housed in our geriatric area. By separating the bedridden from the ambulatory patients, different degrees of nursing care which are needed can be more adequately provided. We hope this facility will be located in conjunction with the Medical-Surgical Building, as this group of patients requires much more in the way of medical and surgical attention.

MOVEMENT OF POPULATION

During the last biennium a total of 3,375 persons were admitted to the hospital. This includes first admissions, returns from trial visit, transfers from other State Institutions, etc. Reference to the accompanying tables will show a detailed breakdown of the types of admissions.

In regard to separations, there were 3,170 separations of all types, including persons placed on trial visit, persons discharged as competent, deaths, escapes, transfers to other States and Veterans Hospitals and to other State Institutions. Again, reference to the tables will show a detailed breakdown of releases.

We continue to have our greatest number of patients coming from Duval County, with Orange County, Hillsborough County, Volusia County, and Pinellas County next in line. We still take patients from a somewhat indefinite area in the State, depending upon the availability of beds and accessibility of the various counties to the other State Hospitals.

The psychotic disorders continue to be our greatest classification in admissions to the hospital, and of these, the Schizophrenias comprise the major group. Chronic Brain Syndromes from various causes are increasing because of more admissions of the advanced age group.

MEDICAL STAFF ACTIVITIES

We have been able to maintain a fairly adequate staff during the biennium and to carry on a quite active treatment program at all times. We pushed the formation of group relationships and group interaction on all levels. The use of group therapy is being carried out by all our psychiatrists, social workers, and psychologists. These people are also involved in the use of psychodrama, which has become very useful as well as popular with our patients and has enabled patients to see problems in a manner in which they have been previously unable to consider them.

Group psychotherapy sessions have more than doubled in the past two years, as we have trained more persons to take an active part in this form of treatment. We have forty group psychotherapy sessions each week, and six psychodrama sessions each week. We feel that this has allowed us to reach a great many people and has afforded every person who is under our care the advantage of psychotherapy. Individual psychotherapy is carried on to some extent, as needed by psychiatrists and psychologists; but the small number of people involved and the time required does not permit a great deal in the way of individual psychotherapy. We intend to keep the very large program in group therapy and feel that our success with it justifies the allocation of time required.

Weekly conferences are held for purposes of consideration of patients for discharge from the Institution. We also hold conferences each week in various sections of the hospital for consideration of new cases admitted the previous week, utilizing the medical staff associated with this particular service, nursing personnel, and aides to bring out the team oriented concept in the care of mental patients. This has been an invaluable aid for educating nursing staff personnel, and it has made the care and treatment of patients on a day-to-day basis much easier for everyone concerned.

Teaching conferences are held weekly for nursing personnel and psychiatric aides to help these personnel understand the concepts of psychiatric conditions and the reasons for various forms of therapy. These are carried out by the medical staff and also have the participation of the ancillary therapies.

Orientation courses with Public Health Nurses are held on a regular basis. We feel it is quite beneficial for the Public Health Nurses to see the situation in which the patients are treated and to understand some of the problems of the mentally ill. We feel that they are often the first point of contact with persons who are mentally ill, prior to commitment, and also they are often the first person to see the patient when they return home.

The medical and surgical section of the hospital is increasing in activity as we admit an older group of patients. Surgery is beginning to increase with the increase of elderly patients. We have continued our program of screening for malignancies of the cervix and uterus among our female patients and have followed this up with whatever surgical procedures were necessary. The screening technique is carried out in all female admissions and we have been able to diagnose a good many early malignancies by this process.

At the present time we use consultants in the field of orthopedics, ophthalmology, neurosurgery, and radiology. These are on a part-time or per case basis as the occasion requires. Consultants in other fields will be included as the need arises during the coming biennium.

Routine physical examinations on all applicants are done by the physician in the medical and surgical service prior to employment. No medical service to employees is given, except for emergency care for accidents which are received in line of duty. Most of our employees are participants in a Blue Cross-Blue Shield insurance plan and obtain their medical care away from the hospital. Routine re-examination of food handlers continues in compliance with existing regulations for such.

PSYCHOLOGY

Our services in the field of psychology have been carried out by two psychologists and the addition of another psychologist at the end of the biennial period. We find that we could probably use the services of a fourth psychologist, especially in the field of group therapy. Psychological services of testing and evaluation are kept at a minimum, as we prefer to utilize the psychologists' time in the field of treatment. The psychologists also participate in teaching clinics from time to time and in case conferences each week.

We feel, as time goes on, it will be necessary to increase the number of psychologists because of the increasing workloads, demands for treatment time, and the desire of some of the department to expand into re-

search areas. We have not had available time for research programs, though we hope we can expand in this area before too long.

SOCIAL SERVICE

During the last year of the biennium, Social Service has, for the first time since the hospital opened, had a staff of fully qualified social workers who have completed their Master's Degrees. Staff has fluctuated from four to five psychiatric social workers, including the Director, with a total of four at the end of the biennium. Increase in qualified staff has resulted not only in much improved quality of service but in progressively greater volume. It has also permitted some changes in social service emphasis, in order to make better use of trained staff.

The traditional, lengthy psychiatric social history is now being taken only in rare cases. Rather, the admission interview with relatives stresses family relationships and other social problems, and families are normally asked to complete form questionnaires providing other information. This has afforded adequate history for psychiatric purposes while enabling us to devote more of our efforts to the resolution of family attitudes and conflicts that may inhibit the patient's use of treatment or his adjustment upon release from the hospital.

Work with groups, under the training and supervision of one of our psychiatrists, is now being carried on by each social worker. This has proven stimulating and challenging to the staff and seems to be meeting the needs of many patients. It is hoped that this can be extended to some families during the coming biennium. Not only does it enable us to reach many more individuals but is the social work method of choice in many cases.

By far the greatest single increase in services provided during the second half of the reporting period is with relation to release planning, in which Social Service's caseload has almost doubled. In part, this reflects trained staff's capacity to work more intensively and effectively with patients and their families toward good adjustment outside the hospital. It is also attributable to increased opportunities, which Social Agencies have made available, for patients' placement with non-relatives in the community and for professional follow-up by growing community resources. As patients and their relatives talk about fears and hopes for the future, work through some of their feelings about these, and anticipate agency help at home, the total family looks forward with greater optimism to the patient's real integration into his community.

Through exchanges of visits, we have been attempting to establish and maintain closer liaison with appropriate health and welfare agencies and are pleased with progress made. Perhaps outstanding with respect to this has been one County Welfare Unit's initiation of a plan for finding boarding

homes for patients, who do not meet eligibility requirements for other welfare programs, and providing substantial emotional support as these patients try to adjust. While our strengthened contacts have, to a considerable degree, resulted from direct planning, we think, too, that current staff's participation in their professional social work organization has helped. There has also been increased and broadened social service attendance at conferences which, while having educational and professional stimulation as a primary aim, have produced a secondary benefit of mutual understanding of programs and needs by the various organization participants. The hospital has recently taken part in the initiation of plans for an institute on the use of groups by social workers, in conjunction with Florida State University's School of Social Welfare, and looks forward to continuing progress in this area. We are also making tentative plans with the School for a student field work unit in the coming year.

We see Social Service's goals for the near future as enlarging and broadening the services and areas of interest which have been stressed during the latter part of this biennium. Finding more, qualified staff is essential to meeting some of them. To enable some patients to consolidate gains made during hospitalization frequently requires a great deal of help to families. To help patients to make full use of social resources available upon release sometimes calls for intensive social planning with them, a thinking through of their feelings and rehearsal for the future. Whether help is given individually or in groups, it calls for time and well trained staff.

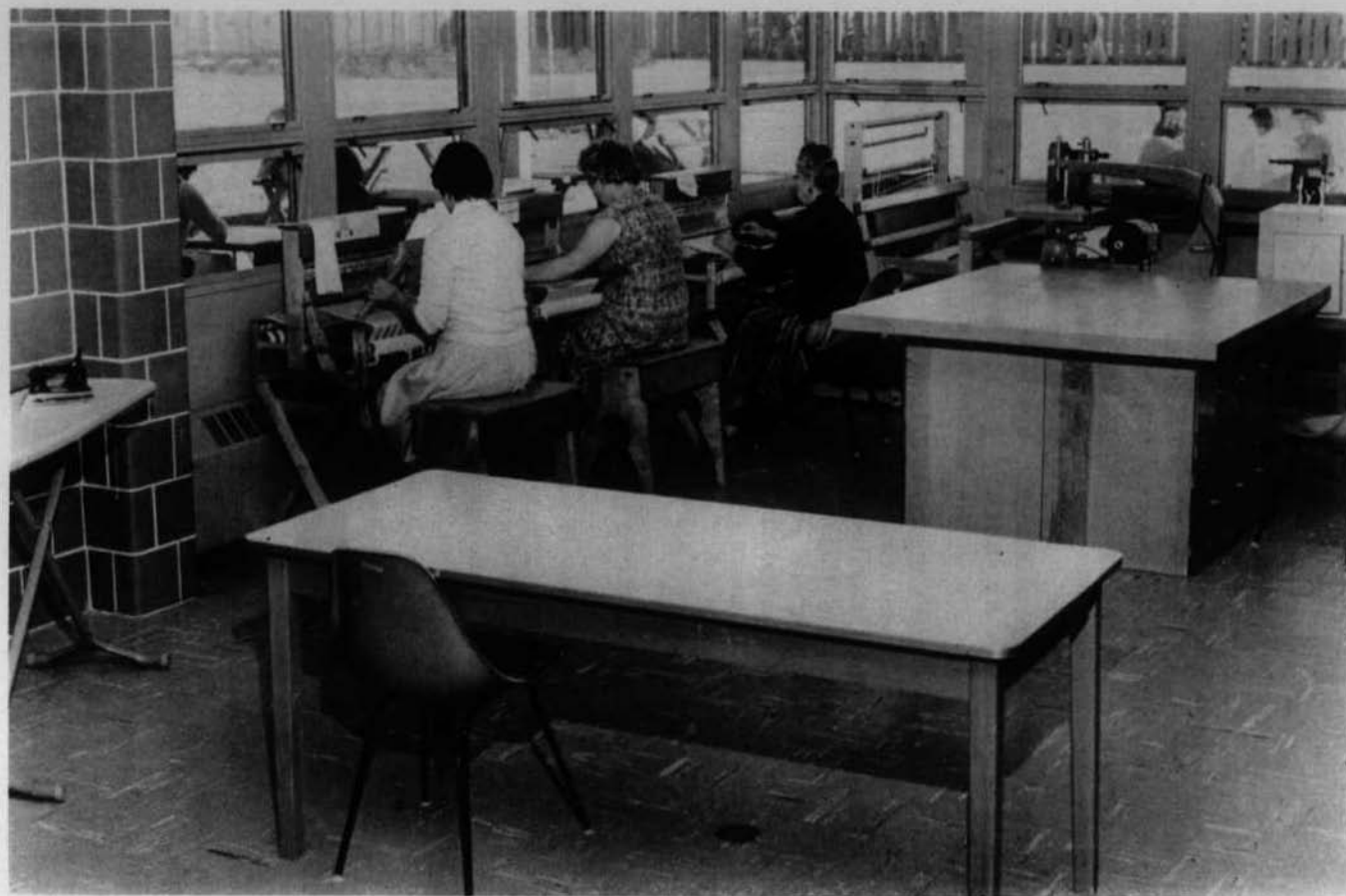
OCCUPATIONAL THERAPY

The Occupational Therapy Department is responsible for the planning and functioning of an activity program which includes volunteer activities, recreational, occupational and library programs. This program meets the needs of individual patients who are referred to the program by the staff psychiatrists. All accepted techniques are employed in an effort to create a therapeutic experience for the patients.

From a functional point of view, our physical plant is most adequate for our existing program. However, in the future with an increase in patient population anticipated, a gymnasium would be a welcome addition.

In the near future a Vocational Rehabilitation area, meeting the requirements of an intensive prevocational evaluation program, will be placed in operation. This program is a joint endeavor between the Division of Mental Health and the Vocational Rehabilitation Department.

The volunteer program has progressed in scope to the extent that it is considered to be a most important phase of the total treatment program. Glamour Therapy, as a cooperative effort between May-Cohens of Jacksonville and the Duval Mental Health Association, is scheduled for another year of activity.



OCCUPATIONAL THERAPY AREA

All phases of the Occupational Therapy program are in an effort to help the patients help themselves in the establishment of therapeutic experiences that will control or alleviate their psychiatric problems leading eventually to complete rehabilitation.

VOCATIONAL REHABILITATION INDUSTRIAL THERAPY

In the last biennium we have had the full-time services of a Vocational Rehabilitation Counselor who is paid by the Vocational Rehabilitation Office of the Department of Education. This counselor has done a tremendous amount of work toward the rehabilitation and relocation of patients who are ready to leave the hospital. He participates in the new case conferences each week and makes rounds with the individual psychiatrist through the wards, in this way obtaining an insight into the potentialities and capabilities of the various patients who will be referred to him by the psychiatrist. All of his referrals come directly from the psychiatrist. He then proceeds with a rehabilitation work-up, so that this person may be referred to the district offices of the prospective client's residence.

We have had very good relationships with the various districts and the counselors, and many of them have come to the hospital for one or more days' orientation and visitation to see the type of program which we are carrying out. We have placed increasing emphasis on our vocational rehabilitation services and plan to expand this service in the next biennium. We hope to utilize the services of our present counselor in conjunction with programs of the new vocational unit, which we are opening, and many of his referrals will go through the prevocational evaluation process before placement.

Our counselor has had the responsibility for some while of the Industrial Therapy program, and patients who are referred to him by the various psychiatrists for placement. All patients who are in Industrial Therapy are there because of a request by them for participation in this program. No patient at the hospital is required to work, but we have been amazed by the waiting list of patients who are requesting jobs in various areas of the hospital during their stay here. We have found that even a short time in Industrial Therapy placement in one of the various departments gives the patient a great deal of confidence in his abilities to perform and makes the path somewhat easier when he leaves the hospital and returns home.

The Vocational Rehabilitation counselor also carries out a weekly group counseling session with patients who are in his program. Some of these patients are individuals who are ready to go home in the near future, while others are patients who are in Industrial Therapy and have group interaction problems, which he can handle successfully. We feel that the usage of the counselor in the group therapy program is quite helpful, and it gives our patients a variety of group therapy experiences which they appreciate and from which they benefit.

The Vocational Rehabilitation services will be expanded greatly, as soon as we are able to move into our prevocational evaluation area, and by the time of the next biennial report we hope to be able to report a great deal of advancement in this area of rehabilitation.

VOLUNTEER SERVICES

We do not have a formal Volunteer Service program at the hospital, but we have been fortunate in receiving a good bit of volunteer activity from various Agencies. The State Mental Health Association, as well as Duval County Mental Health Association, have been very helpful and free with their time to provide entertainment activities for our patients. The various local Mental Health Associations in Northeast Florida have also been very thoughtful and gracious with their donations of Christmas gifts for patients who are in the hospital. We are still quite hampered because of space for activity programs, especially with the use of volunteers. Our auditorium is very small and is actually half a gymnasium and this does not give much area to accommodate a large number of patients. We hope to have this remedied by the building of a full-sized gymnasium-auditorium building in the near future.

LABORATORY AND X-RAY

The clinical laboratory has become increasingly active as our patient load has mounted. We have on our staff at the present time three laboratory technicians and one X-ray technician on a full-time basis. With this complement of personnel, we have been able to handle the demands on our laboratory very well and will be able to do so for the time being.

Routine examinations on all patients are done. These consist of examinations on blood, urine, stool, and routine serological tests. Special tests, such as biochemical determinations, electrocardiograms, and electroencephalograms, are done by our laboratory staff upon special requests from the physicians.

We are quite well equipped with a diagnostic X-ray unit at the hospital, and routine chest examinations are done on all applications for employment as well as all admissions to the hospital.

Radiotherapy in the form of X-ray therapy, either conventional or with the cobalt machine, is done under the direction of Dr. W. G. Scott in Jacksonville, who is our consultant in radiology. Radium applications are done by Dr. Scott here at the hospital under his direct supervision.

ELECTROENCEPHALOGRAPHY

During this biennium we have continued the provision of electroencephalographic services, these being done by the technicians from our labora-

tory. The encephalograms are read by a neurologist in Jacksonville and we are quite satisfied with this arrangement at the present time.

PHARMACY

The pharmacy has been active since the inception of the hospital and has kept a very adequate and complete stock of routine drugs, as well as special psychiatric drugs for the use of the medical staff. The pharmacist is also charged with routine and periodic inventories of drug supplies on the individual wards in order to keep stock moving and prevent stock piling in any particular patient area. All drugs, with few exceptions, are bought on a requisition by the Purchasing Commission.

ALCOHOLICS ANONYMOUS

During the biennium we have had two alcoholics anonymous groups active at all times. These have been handled with the assistance of members of the Jacksonville Chapter of Alcoholics Anonymous. We feel this program is extremely useful and beneficial. The Clinical Director is in charge of the program, and we have been able to refer patients, who are leaving the hospital, directly to AA groups in the home communities.

NURSING DEPARTMENT

This biennium has shown a continued growth of the Nursing Department as completion of the activation of the geriatric areas was fulfilled. As of June 30, 1964 all supervisor of nurses positions were filled. Three vacancies were in head nurse positions and four vacancies in the staff nursing positions. Psychiatric aide positions were well stabilized, especially among women, but there continued to be a good bit of turnover among men who left to seek higher paying positions.

Our coverage of the hospital services by nurses is, we feel, quite good. On the day shift we have supervisory and head nurse coverage which is adequate for all wards. There is also 24-hour nursing coverage in the Medical-Surgical Building, but the afternoon and night shifts are covered more sparsely by nurses out of the central office for the rest of the Institution.

One of the biggest steps forward was the introduction of the re-motivation program which is discussed in more detail in another section of this report.

We have set up a program with the State Board of Health for orientation of registered nurses and limit this group to twenty-five. We feel that these have been most successful and give a good picture of our program of patient therapy. The interest of the group is quite gratifying and we feel there is benefit obtained by both sides.

Numerous groups of student nurses have made field trips to the hospital. These groups come from the J. Hillis Miller Health Center, University of Florida in Gainesville, as well as from the Jacksonville University School of Nursing. We have had other groups of registered nurses who have made field trips from time to time and we have been very pleased to assist them in any way we could with the understanding of the care of the patient in the State Hospital.

During the coming biennium arrangements for formal affiliation with the College of Nursing, University of Florida, will be completed. Also, we are completing arrangements for trainees in the graduate program in psychiatric nursing from the University of Florida.

The Department has been able to complete and distribute procedure books and policy manuals to all areas and personnel during the period and these have proven most beneficial. The Department also publishes a little weekly news bulletin called "The Northeast Florida News" which is sent out to each ward, making a regular line of communications to all personnel from nursing administration regarding any pertinent information which needs to be disseminated.

The Director of Nursing has set up and carried out scheduled meetings with all personnel on a regular basis. Supervisors have weekly conferences with the Director, and all registered nurses meet twice each month and all psychiatric aides meet twice each month for group conferences. Personnel, particularly professional, are encouraged to attend seminars, meetings and workshops, as we feel this is helpful to them. Each Thursday some member of the professional staff, psychiatrist, psychologist, social worker, etc., presents some type of lecture geared to the psychiatric aide level and we encourage personnel who can to attend these sessions.

The Director of Nurses attended the 1963 National League for Nursing convention because of the marked interest in psychiatry at that time. She is also a member of the committee that reviews and evaluates psychiatric seminars being conducted through a grant for the past two years, and is active in the Florida Nurses' Association, as well as the Board of Directors of District Two of this organization.

It was necessary in this biennium to put in some somewhat rigid restrictions on personnel to prevent tardiness and other absences from the wards. Control measures have been instituted which are much more adequate than previous and it will insure us of having adequate coverage of aides at all times in the Institution.

In September of 1963 the position of Assistant Director of Nurses was filled and this nurse has been able to take care of many of the problems of personnel who are in the employ of the Nursing Department. She also has been able to take care of many of the administrative problems which have

been prone to plague the area supervisors. This allows them now to have more time for more direct patient care and ward management. The Assistant Director also has the direct responsibility for the housekeeping department, and has set up and installed rigid standards of housekeeping and housekeeping supplies. This has resulted in our being able to reduce the amount of supplies being used and inventories being kept on hand.

REMOTIVATION THERAPY

In March of 1963 we sent a registered nurse and psychiatric aide to the Veterans Hospital at Tuscaloosa to attend the formal training course in remotivation. This course was sponsored by Smith, Kline & French Laboratories and under the auspices of the American Psychiatric Association.

Following the completion of the course, the training course was set up at the hospital, consisting of twenty-three aides and two other registered nurses. The course was shortened somewhat from the classical thirty sessions to fourteen hourly sessions. In June of 1963 the program began forming and we had three training courses with a total of forty-seven aides and two registered nurses completing these courses. At the present time there are thirty-five aides who are actively participating in the program, doing remotivation therapy, with at least one aide on each ward and very often two who are giving sessions on a regular basis. The remotivation aides conduct two sessions weekly for a period of six weeks with each group of patients. Recommendation for transfer to group therapy is made by remotivation personnel, after consultation with psychiatrists and other team members.

One innovation which we have installed is the rapid remotivation course in which new admissions are referred by the psychiatrist and a short remotivation program of about four sessions is carried out. These patients are then placed immediately in the group therapy settings.

We have been fortunate in having three registered nurses directly involved in remotivation at all times, with one of them acting as co-ordinator. These nurses prepare sessions and keep up the library and supplies for the aides who are doing remotivation therapy. They also help the aides to prepare the sessions and supervise the presentation of the sessions and act as co-therapist when occasion demands.

The department has taken over an area that was once a small canteen and converted it into a combination kitchen and library for use in remotivation programs. This area is equipped with kitchen equipment, a record player, and books. Some very interesting and enthusiastic sessions have taken place with the use of this particular setting. The typical remotivation program has been revised by our group to take in things which are more commonly said to be part of recreation as well as occupational therapy. Cooking sessions, dancing periods, etc., have been utilized a great deal and the geriatric women have been very enthusiastic about their culinary activities.



BEAUTY SHOP

All new registered nurses spend approximately three months with some close association in remotivation. This is very beneficial, especially to nurses who have not had previous experience in State Hospitals. It gives the new nurse an insight into needs of patients and a very quick entree into communication with patients who are often quite hostile or withdrawn. These techniques are then carried out by them and under their direction on various wards where they are assigned.

The department extended itself a slight bit into a community service. The River Garden Home for the Aged in Jacksonville heard about the program of remotivation and became quite interested in it. The co-ordinator taught classes at the Home for the Aged and we have provided some material to them for setting up a remotivation program. This program has been in effect for approximately three months at the close of the biennium and it has proved very helpful and useful in this private Home for the Aged.

Review by personnel in the remotivation department is carried on regularly. A council type of meeting is held with the nursing personnel and the aides every two months to discuss problems that arise, ideas that might improve remotivation, and to discuss the individual remotivator's problems, if any, with the program itself. This program, which was originally designed to meet the need of a geriatric as well as a chronically withdrawn group of patients in a State Hospital, has been expanded and modified to suit our needs here. It is actually a forerunner to formalized group therapy and introduces the patients into formal group interaction much more quickly through its use.

PLANT AND GROUNDS

Operating under the supervision of our Building Maintenance Superintendent, general maintenance was provided by fourteen employees in the field of refrigeration and air-conditioning, electrical, carpentry, painting, plumbing and welding, to all buildings and mechanical processes at the Institution. Routine preventative maintenance inspections and service also is provided.

A Sanitary Engineer supervised operation of the Water and Sewage plants where adequate standards of purification and protection were maintained. This department also conducts programs of mosquito and rodent control and makes tests of water and prescribes treatment for our heating plant, cooling towers and steam generators. A needed water softener, costing \$40,589, was added during the period. The heating plant furnishes heat, domestic hot water and process steam for the Institution. This period's operation resulted in the use of 1,298,883 gallons of Bunker "C" fuel oil.

Our Grounds Department with a complement of eight men maintains approximately 11,000 shrubs and plants and seventy-five acres of lawns. Also, they are responsible for the collection and disposal of trash.

DIETARY

A Food Service Manager and a Chief Steward continue to supervise our central kitchen, where all meals are prepared. Delivery of prepared food to five serving kitchens for the Geriatric area and to the Medical-Surgical Building is performed by employees of this department. Patients and employees are served the same menu and employees are required to pay for their meals.

LAUNDRY

Laundry personnel is charged with marking, issuing, processing and mending patients' clothing and linens. Approximately 1,500,000 pounds of laundry were processed during this period.

SUPPLY

Most requisitions for purchasing the needs of the hospital are made in this department and complete warehousing for our requirements is maintained. Procurement of equipment, supplies and commodities is done by the State Purchasing Commission, except for a limited amount of local purchasing, minor and/or emergency in nature, which is handled by our Stores Manager, under the supervision of Administration. Competitive bids are taken.

Other necessary functions are efficiently carried out by Communications, and Transportation and Security Departments.

MOVEMENT OF PATIENT POPULATION

	July 1, 1962, to June 30, 1963	July 1, 1963, to June 30, 1964
ADMISSIONS:		
On New Commitment from:		
County Courts	1,043	1,060
Circuit and Criminal Courts and Court of Record...	1	.....
Certifications	67	58
Voluntary Admissions	7	5
Returned from Trial Visit	397	506
Returned from Escape	72	140
Transferred from Other Divisional Hospitals	5	1
Admitted While on Trial Visit from Other Div. Hosp..	5	5
Transferred from Non-Divisional State Institutions...	1	2
TOTAL ADMISSIONS	1,598	1,777
SEPARATIONS:		
Released on Trial Visit	995	1,125
Discharges:		
By Staff	171	119
For Transfer to VA Hospitals	6	12
For Transfer to Other States	22	39
Certified Patients	60	43
Voluntary Patients	6	4
Transfers to Other Divisional Hospitals	7	5
Transfers to Non-Divisional State Institutions	4	3
Escaped	134	202
Patients Died	102	109
Other Discharges	1	1
TOTAL SEPARATIONS	1,508	1,662
Net Increase in Population	90	115
POPULATION BEGINNING OF PERIOD	593	683
POPULATION END OF PERIOD	683	798
AVERAGE NUMBER OF PATIENTS	632	750

PSYCHOSES OF ADMISSIONS

130

NORTHEAST FLORIDA STATE HOSPITAL, MACLENNY

	July 1, 1962, thru June 30, 1963					July 1, 1963, thru June 30, 1964				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
Alcohol Intoxication.....	1	3	8	.....	12	.....	2	1	.....	3
Drug or Poison Intoxication.....	2	.....	.....	.....	2	.....	.....	.....	.....	.....
Convulsive Disorder.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....
All Other Conditions.....	1	.....	1	1	3	.....	.....	.....	.....	.....
TOTAL ACUTE BRAIN SYNDROMES.....	4	3	10	1	18	.....	2	1	.....	3
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Diseases and Conditions due to Prenatal Influence.....	.....	2	.....	.....	2	.....	.....	.....	.....	.....
Meningoencephalitic Syphilis.....	.....	1	1	.....	2	1	.....	3	1	5
Epidemic Encephalitis.....	1	1	.....	.....	2	.....	1	.....	.....	1
Other Intracranial Infections.....	.....	.....	.....	.....	.....	1	.....	1	.....	2
Alcohol Intoxication.....	7	6	14	2	29	14	3	9	4	30
Drug or Poison Intoxication.....	.....	2	.....	.....	2	.....	2	.....	.....	2
Birth Trauma.....	1	1	.....	.....	2	1	4	.....	.....	5
Other Trauma.....	6	6	2	1	15	13	1	2	.....	16
Cerebral Arteriosclerosis.....	34	34	26	11	105	36	32	27	23	118
Other Circulatory Disturbance.....	2	5	4	3	14	4	5	2	.....	11
Convulsive Disorder.....	7	7	2	3	19	12	7	14	6	39
Senile Brain Disease.....	8	7	1	.....	16	5	9	11	.....	25
Other Disturbance of Metabolism, Growth, and Nutrition....	3	3	1	.....	7	1	.....	.....	.....	1
Intracranial Neoplasm.....	1	.....	.....	.....	1	.....	.....	.....	.....	.....
Diseases of Unknown and Uncertain Cause.....	5	3	1	.....	9	2	3	2	1	8
Chronic Brain Syndromes of Unknown Cause.....	19	2	1	3	25	3	2	1	.....	6
TOTAL CHRONIC BRAIN SYNDROMES.....	94	80	53	23	250	93	69	72	35	269
PSYCHOTIC DISORDERS:										
Involutional Psychotic Reaction.....	7	10	2	.....	19	8	9	3	5	25
Manic Depressive Reactions.....	11	14	2	11	38	17	15	3	5	40

PSYCHOSES OF ADMISSIONS (Continued)

	July 1, 1962, thru June 30, 1963					July 1, 1963, thru June 30, 1964				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Psychotic Depressive Reaction.....	8	8	....	....	16	5	31	1	....	37
Schizophrenic Reactions.....	140	212	76	128	556	140	251	92	148	631
Paranoid Reactions.....	6	2	....	....	8	....	....	3	....	3
TOTAL PSYCHOTIC DISORDERS.....	172	246	80	139	637	170	306	102	158	736
PSYCHOPHYSIOLOGIC, AUTONOMIC, AND VISCERAL DISORDERS.....	2	....	....	....	2	....	....	....	....	....
PSYCHONEUROTIC REACTIONS.....	19	37	....	6	62	9	21	1	....	31
PERSONALITY DISORDERS:										
Personality Pattern Disturbance.....	3	6	1	....	10	2	1	....	....	3
Personality Trait Disturbance.....	8	2	1	1	12	3	....	....	....	3
Antisocial Reaction.....	1	3	....	1	5	6	3	1	....	10
Dyssocial Reaction.....	14	3	....	....	17	2	....	....	....	2
Sexual Deviation.....	5	....	....	....	5	....	....	1	....	3
Alcoholism (addiction).....	24	12	....	1	37	12	7	5	1	25
Drug Addiction.....	2	2	....	....	4	5	1	....	....	6
Special Symptom Reaction.....	....	....	2	....	2	....	....	....	....	....
TOTAL PERSONALITY DISORDERS.....	57	28	4	3	92	32	12	7	1	52
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	9	5	4	....	18	2	....	....	....	2
MENTAL DEFICIENCY.....	15	15	7	2	39	15	4	8	2	29
GRAND TOTAL.....	372	414	158	174	1,118	321	414	191	196	1,122

ADMISSIONS BY COUNTIES

	July 1, 1962, thru June 30, 1963					July 1, 1963, thru June 30, 1964				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Alachua.....	15	8	4	9	36	11	16	8	12	47
Baker.....	9	10	1	2	22	8	10	1	4	23
Bradford.....	10	11	1	3	25	11	10	2	2	25
Brevard.....	19	16	3	2	40	4	16	5	1	26
Broward.....						1				1
Citrus.....	2				2			1	1	2
Clay.....	5	5			10	10	11	1	1	23
Columbia.....	16	17	3	3	39	15	15	9	4	43
Dade.....							1			1
De Soto.....			3	1	4			1	1	2
Dixie.....		1			1		2			2
Duval.....	89	149	29	42	309	97	123	39	53	312
Flagler.....						1		1		2
Gadsden.....						1				1
Gilchrist.....	2				2	1	2			3
Hamilton.....		3	2	2	7	2	6	2		10
Hardee.....			4		4					
Hernando.....			1	2	3		1			1
Highlands.....			2	1	3			3	3	6
Hillsborough.....	28	21	14	24	87	32	38	24	20	114
Indian River.....	3	7		2	12	6	2	3	1	12
Jefferson.....				1	1			1	1	2
Lafayette.....	2	3			5	3	1			4
Lake.....	6	6	2	3	17	2	3	1		6
Lee.....			7	1	8			2	2	4
Leon.....		1			1					
Levy.....	1	2			3	1	2	1	1	5
Madison.....	1	1	3		5		2			2
Manatee.....	5	2	4	3	14	1	1		4	6
Marion.....	25	20	7	7	59	10	10	3	13	36
Nassau.....	7	10	1		18	4	7	1		12
Okeechobee.....				1	1			2	2	4
Orange.....	48	39	11	12	110	43	42	14	16	115
Osceola.....				1	1		1			1
Pasco.....	1		3	2	6			3	1	4
Pinellas.....	16	16	7	8	47	12	19	13	15	59
Polk.....	2	2	14	17	35	5	2	17	7	31
Putnam.....	11	9	9	4	33	4	5	5	4	18
Sarasota.....	5	3	5	6	19	2	1	1	3	7
Seminole.....	7	3	4	5	19	2	7	4	4	17
St. Johns.....	8	8			16	7	9	7	6	29
Sumter.....	1		3	1	5	3	1	2	1	7
Suwannee.....	3	4	4	1	12	1	6	2	1	10
Taylor.....	2	1	1		4	1	1	2	3	7
Union.....	1				1	1	3	1	1	6
Volusia.....	22	36	6	8	72	19	38	9	8	74
TOTAL.....	372	414	158	174	1,118	321	414	191	196	1,122

ADMISSIONS AND SEPARATIONS

<u>Fiscal Year</u>	<u>Population July 1</u>	<u>Admissions</u>	<u>Separations</u>	<u>Population June 30</u>
1959-60	0	879	516	363
1960-61	363	1,106	1,027	442
1961-62	442	1,170	1,019	593
1962-63	593	1,598	1,508	683
1963-64	683	1,777	1,662	798